



U.S. Department
of Transportation

**National Highway
Traffic Safety
Administration**

400 Seventh Street, S.W.
Washington, D.C. 20590

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*** **



AUTO SAFETY HOTLINE
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NATIONAL CAPITOL SYSTEMS, INC.

[REDACTED]
[REDACTED]
[REDACTED]
VIRGINIA
[REDACTED]

ACCIDENT INVESTIGATION

Case No. 90-02

[REDACTED] Arkansas

Prepared for:

**U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590**

NATIONAL CAPITOL SYSTEMS, INC.

AIRBAG INVESTIGATION

CASE NO. 90-02

 ARKANSAS

TECHNICAL REPORT

NATIONAL CAPITOL SYSTEMS, INC.

[REDACTED]
[REDACTED] Virginia [REDACTED]

AIRBAG INVESTIGATION

CASE NO. 90-02

[REDACTED] ARKANSAS

Contract No. DTHN [REDACTED]

Prepared for:

U.S. Department of Transportation
National Highway Traffic Safety Administration
Washington, D.C. 20590

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TECHNICAL REPORT STANDARD TITLE PAGE

| | | | |
|---|--|--|-----------|
| 1. Report No. | 2. Government Accession No. | 3. Recipient's Catalog No. | |
| 4. Title and Subtitle Airbag Vehicle Accident Investigation NCSI Case No. 90-02 | | 5. Report Date [REDACTED] 1990 | |
| | | 6. Performing Organization Code | |
| 7. Author(s) Accident Investigation Team - [REDACTED] | | 8. Performing Organization Report No. | |
| 9. Performing Organization Name and Address National Capitol Systems, Inc. [REDACTED] [REDACTED] | | 10. Work Unit No. | |
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| | | 14. Sponsoring Agency Code | |
| 15. Supplementary Notes 1990 Dodge Spirit equipped with a driver's side airbag supplemental restraint system in a right-angle frontal impact with a 1979 Pontiac Grand Prix. | | | |
| 16. Abstract See Summary on page 1 of document. | | | |
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NCSI In-Depth Accident Investigation Team
Airbag Deployment Investigation
[REDACTED] Arkansas
Case No. 90-02

SUMMARY

This is an in-depth study of an accident involving an airbag equipped 1990 Dodge Spirit and a 1979 Pontiac Grand Prix. The accident occurred on [REDACTED], 1990, at 1424 hours at the intersection of [REDACTED] and [REDACTED] Streets in [REDACTED] Arkansas. In-depth scene and vehicle inspections were conducted on [REDACTED] 1990 by [REDACTED] and [REDACTED].

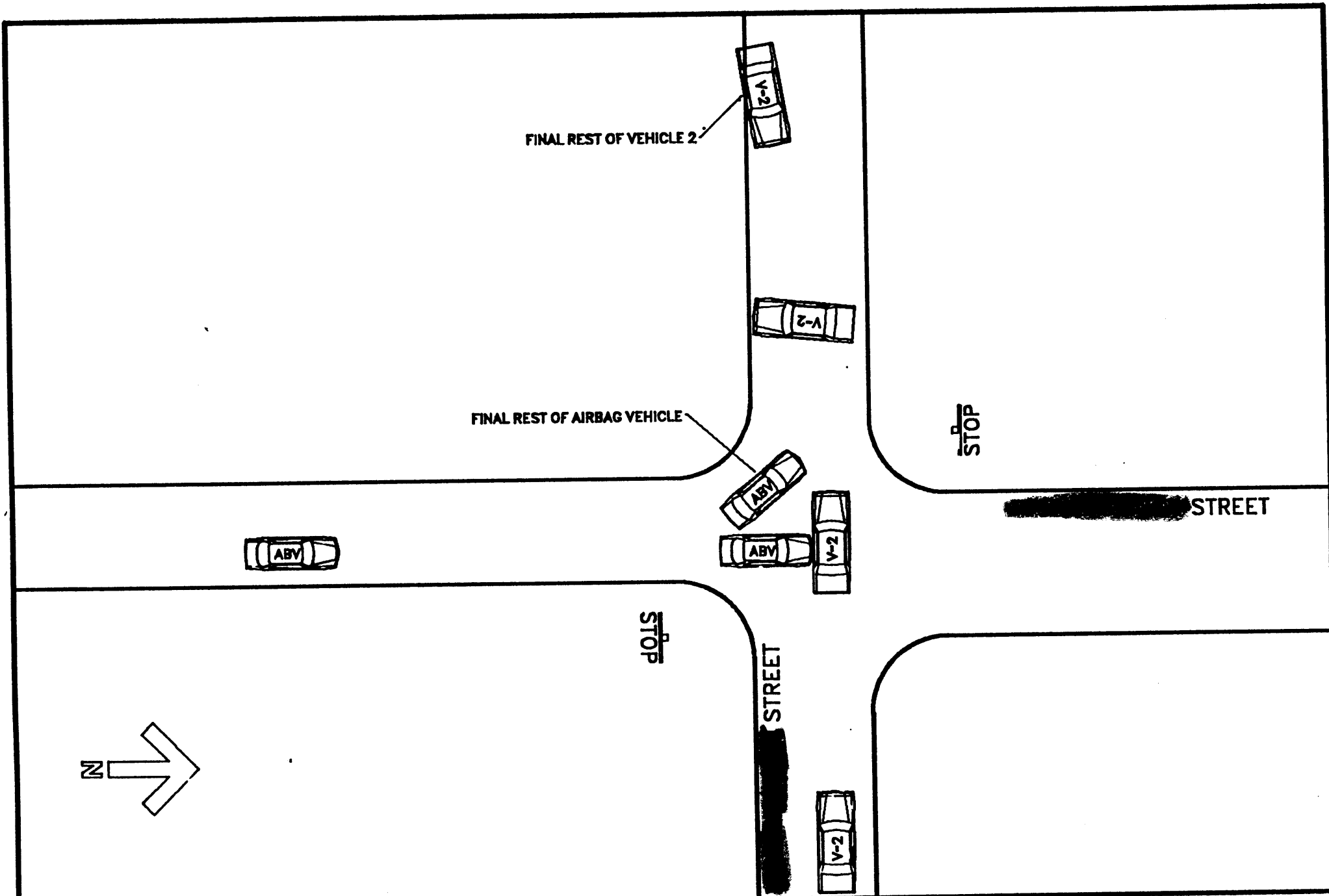
Prior to the accident, the Spirit was traveling north on [REDACTED] Street, approaching the intersection of [REDACTED] Street and [REDACTED] Street. The Grand Prix was traveling west on [REDACTED] Street, approaching the intersection. A stop sign is present at the intersection for traffic traveling north or south on [REDACTED] Street. No controls are present for traffic on [REDACTED] Street. Both streets are two-lane undivided asphalt roadways with posted speed limits of 30 miles per hour.

The Grand Prix entered the intersection and was struck in the left side by the frontal surface of the Spirit in a right-angle impact. After the impact between the vehicles, the Spirit rotated counter-clockwise approximately 60 degrees and came to rest in the intersection. The Grand Prix rotated counter-clockwise approximately 180 degrees and came to rest west of the intersection near the south edge of [REDACTED] Street headed east.

A CDC of 02-FDEW-1 was assigned to the damage to the Spirit, with a maximum residual crush of 4.2 inches. Damaged exterior components included the front bumper, hood, right front fender, grille, and right parking lamp. Damaged interior components included the steering assembly and airbag components. The Spirit was disabled in the crash and towed to a local storage facility. The Grand Prix was driven away following the police investigation of the accident. A CDC of 11-LZEW-2 was assigned to the damage to the Grand Prix, with a maximum residual crush of 6.0 inches.

The driver's side supplemental airbag restraint system of the Spirit was deployed by the frontal impact forces acting on the vehicle. The 19 year-old driver stated that she suffered a laceration to the inside of her lip from her teeth due to the impact of her face with the deployed airbag. She was transported to a local hospital where she was treated and released.

An EDCrash reconstruction using the damage profiles resulted in a speed change (Delta V) of 11.1 miles per hour for the Spirit and 9.5 miles per hour for the Grand Prix.



NHTSA In-Depth Airbag Accident Investigation Case 90-02

Accident Date: [REDACTED]/90 | Location: [REDACTED] Arkansas

NATIONAL CAPITOL
SYSTEMS, INC.

NCSI IN-DEPTH ACCIDENT INVESTIGATION
AIRBAG DEPLOYMENT INVESTIGATIONFLEET - Private Owner
LOCATION - [REDACTED] Arkansas
CASE NO. - 90-02IDENTIFICATION

Location/Street: [REDACTED] and [REDACTED] Streets
Area/Type: Urban
Accident Date/Time: [REDACTED] 1990 at 1424 hours
Notification Date: [REDACTED] 1990
Investigating Police Agency: [REDACTED] Police Department
Accident Type: Car/Car Right-angle
Air Bag Vehicle
Occupant Injury Severity: Minor (AIS-1)

AMBIENCE

Viewing Conditions: Daylight
Weather: Clear
Precipitation: None
Road Surface: Dry

ROADWAY

Location: [REDACTED] Street at intersection with [REDACTED] Street
Type: Arterial
Width: 23'-6"
Number of Lanes: Two
Median: None
Surface Material: Asphaltic aggregate
Road Edge: No improved shoulders
Traffic Density: Moderate

ROADWAY, CONTINUED

Coefficient Of Friction: 0.60 (estimated)
 Vertical Alignment: Level
 Horizontal Alignment: Straight

TRAFFIC CONTROLS

Signals/Signs: Stop sign for North [REDACTED]
 Speed Limit: 30 miles per hour

VEHICLES

| | <u>Airbag Vehicle</u> | <u>Other Vehicle</u> |
|------------------------|--|----------------------|
| Year: | 1990 | 1979 |
| Make: | Dodge | Pontiac |
| Model: | Spirit | Grand Prix |
| Body Style: | Four-door | Two-door |
| V.I.N.: | 1B3XA46K9LF***** | 2J37Y9P***** |
| Exterior Color: | Blue metallic | Blue and tan |
| Odometer Reading: | 2277. | 134092. |
| Securiflex Windshield: | Not equipped | |
| Windshield Damage: | None | |
| Engine: | 4 cyl./2.5L | |
| Transmission: | 3 speed automatic/ column mounted selector | |
| Steering: | Power assisted | |
| Brake System: | Power-assisted | |
| Interior Padding: | Upper and mid-level instrument panel, door panels, armrests, head restraints, sunvisors, upper "A" pillars, steering wheel hub and spokes. | |

VEHICLES, CONTINUED

Active Restraint
System Availability: Three-point lap and
shoulder belt systems
for the driver, front
right occupant, and
rear outside occu-
pants. Two-point lap
belt for rear center
occupant.

Active Restraint
System Usage: None

Usage Source: PAR and interviewee

Passive Restraint
System Usage: Driver airbag

VEHICLE DAMAGE

| | <u>Airbag Vehicle</u> | <u>Vehicle #2</u> |
|------------------|---|--|
| Object Struck: | Vehicle #2 | Airbag vehicle |
| Event Number: | One | One |
| Damage Location: | Front | Left side |
| CDC: | 02-FDEW-01 | 11-LZEW-02 |
| Tow Status: | Towed due to damage | Driven |
| Exterior Damage: | <p>The frontal surface of the airbag vehicle impacted the left side of the Grand Prix in an angle impact. Direct damage extended across the entire frontal plane of the Spirit a distance of 55.0 inches. Crush measurements taken across the frontal plane were as follows:</p> <p>C1 = 1.0" C2 = 1.2" C3 = 1.6" C4 = 1.8" C5 = 3.8" C6 = 4.2"</p> | <p>The Grand Prix was struck in the left side by the frontal surface of the Spirit. Direct damage extended along the side of the vehicle for a distance of 97.0 inches and direct plus induced damage length was 115.0 inches. Crush measurements along the side plane were as follows:</p> <p>C1 = 0.0" C2 = 2.0" / Altered C3 = 4.0" / Altered C4 = 6.0" C5 = 0.8" C6 = 0.0"</p> |

VEHICLE DAMAGE, CONTINUED

Maximum residual crush was 4.2 inches, located at C6.

Maximum residual crush was 6.0 inches, located at C4.

Damaged exterior components included the front bumper, grille, hood, right front fender, right front parking lamp.

Damaged exterior components included left side door, left rear quarter panel, left rear wheel, and wheel cover.

Interior Damage:

Interior damaged components were the steering assembly and airbag module.

COLLISION SEQUENCE

Pre-crash:

At approximately 1424 hours on [REDACTED], 1990, the case vehicle, a 1990 Dodge Spirit equipped with a driver's side supplemental airbag restraint system, was traveling north on the [REDACTED] Street in [REDACTED], Arkansas. The Spirit was approaching the intersection of [REDACTED] and [REDACTED] Streets. In the vicinity of the accident, [REDACTED] Street is a two-lane undivided asphalt roadway, with one southbound travel lane and one northbound travel lane. The other vehicle, a 1979 Pontiac Grand Prix, was traveling west on [REDACTED] Street, approaching the intersection with [REDACTED] Street. [REDACTED] Street is a two-lane undivided asphalt roadway with one eastbound travel lane and one westbound travel lane. A stop sign is present at the intersection for vehicles traveling on [REDACTED] Street. The Spirit entered the intersection as the Grand Prix was passing through the intersection.

Crash:

The front of the Spirit struck the left side of the Grand Prix in an angle impact configuration. A CDC of 02-FDEW-01 was assigned to the damage to the Spirit and a CDC of 11-LZEW-3 was assigned to the damage to the Grand Prix from this impact.

Post-Crash:

Following impact, the Spirit rotated counter-clockwise approximately 45 degrees and came to rest in the southeast quadrant of the intersection headed northwest. The Grand Prix continued its southward trajectory after impact, rotated counter-clockwise approximately 190 degrees and came to rest west of the intersection near the south edge of [REDACTED].

COLLISION SEQUENCE, CONTINUED

Street headed east. The impact was of sufficient magnitude to deploy the driver airbag restraint system of the Spirit. The driver stated that she suffered a laceration of her inner lip when her face struck the deployed airbag.

Police

Activities: The local police agency was notified of the accident at 1424 hours and a unit arrived on the scene at 1425 hours.

Rescue

Activities: The driver of the Spirit was transported to a local clinic where she was treated and released.

VEHICLE VELOCITY ESTIMATES

An EDCRASH reconstruction of the accident resulted in a speed change (delta V) for the Spirit of 11.1 miles per hour, with a longitudinal delta V of -5.5 miles per hour and a lateral delta V of -9.6 miles per hour. EDCRASH generated values for the speed change of the Grand Prix were 9.5 miles per hour for the total delta V with a longitudinal delta V of -8.2 miles per hour and a lateral delta V of 4.8 miles per hour.

RELEVANT SAFETY ISSUES

Applicable Standards:

FMVSS 208: **Occupant Crash Protection:** The 1990 Dodge Spirit was equipped with a factory installed driver's side supplemental airbag restraint system which was deployed as a result of the frontal impact with the side of the Grand Prix. The system functioned properly and effectively, preventing the driver from possibly impacting the steering assembly and windshield, thereby reducing the severity of the injuries of the unrestrained driver.

HUMAN FACTORS/OCCUPANT DATA

| <u>DRIVER DATA</u> | <u>Airbag Vehicle</u> | <u>Other Vehicle</u> |
|-----------------------------------|---|----------------------|
| Age: | 19 | 30 |
| Sex: | Female | Male |
| Height: | 66 inches | |
| Weight: | 125 lbs. | |
| Occupation: | Student | |
| Active Restraint System Usage: | None | |
| Usage Source: | Police Accident Report and driver interview | |
| Vision: | Apparently normal | |
| Vehicle Familiarity: | Daily | |
| Route Familiarity: | Daily | |
| Manner of Leaving Scene: | Friend | |
| Type of Medical Treatment: | Treated by private physician | |
| Physical State: | Apparently normal | |
| Psychological State: | Apparently normal | |

DRIVER INJURIES

| <u>Injury Description</u> | <u>Severity</u> | <u>Source</u> |
|-----------------------------|-----------------|---------------|
| Laceration inside lower lip | Minor (AIS-1) | Airbag |

Injury Coding

| | <u>I.S.S.</u> Body Region | <u>O.I.C.</u> Body Region | <u>Aspect</u> | <u>Lesion</u> | <u>System/ Organ</u> | <u>A.I.S.</u> Severity | <u>Injury Source</u> | <u>Direct/ Indirect Injury</u> |
|-----|---------------------------------|---------------------------------|---------------|---------------|--------------------------|---------------------------|--------------------------|--|
| 1st | 6 | F | I | L | D | 1 | 45 | 2 |

DRIVER KINEMATICS

The driver stated that she was seated in a normal position and was not restrained by the active three-point lap and shoulder belt system of the Spirit.

The driver's side airbag restraint system deployed as a result of the frontal impact. The driver responded to the impact force by moving forward and to the right relative to the vehicle interior, loading the deployed airbag module with her face and upper torso. She stated that she sustained a laceration of her inner upper lip from the impact force with the deployed airbag. Occupant contact to the airbag was noted during the inspection of the vehicle.

LIST OF ATTACHMENTS

Appendix A: Police Accident Report
Appendix B: NASS Data Collection Forms
Appendix C: Airbag Supplement Form
Appendix D: EDCRASH Output

OTHER SOURCE OF DATA

Driver Interview

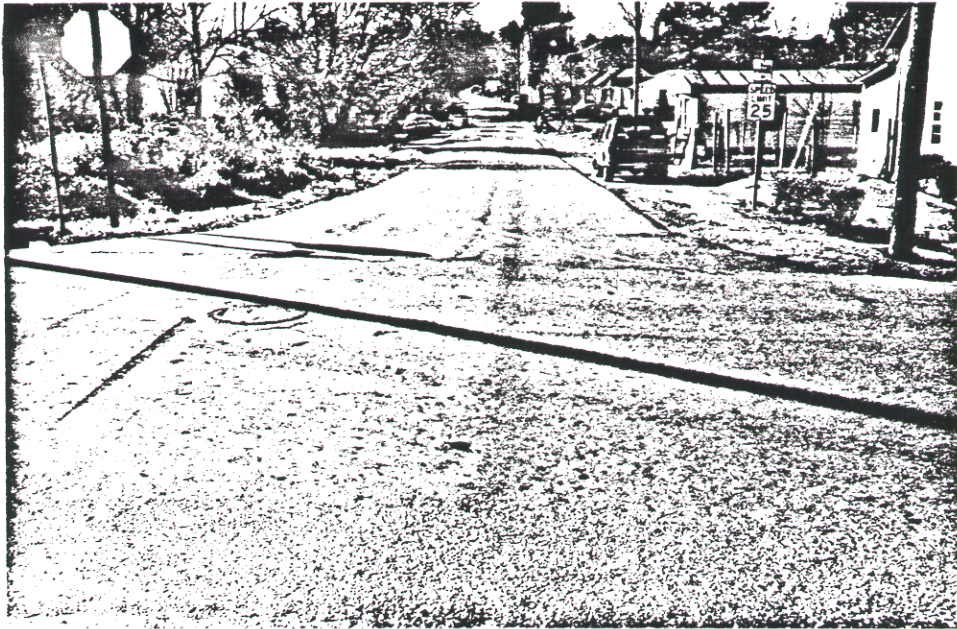
SELECTED PRINTS
NCSI Case No. 90-02



1. Pre-impact travel of the 1990 Dodge Spirit (airbag vehicle)\ north on [REDACTED] Street in [REDACTED] Arkansas.



2. Area of impact of the Spirit with the 1979 Pontiac Grand Prix, and final rest area of the Spirit.



3. Opposite view from beyond impact looking south.



4. Pre-impact travel of the Grand Prix west on Street.



5. Area of impact looking west.



6. Front-right overall view of the 1990 Dodge Spirit.



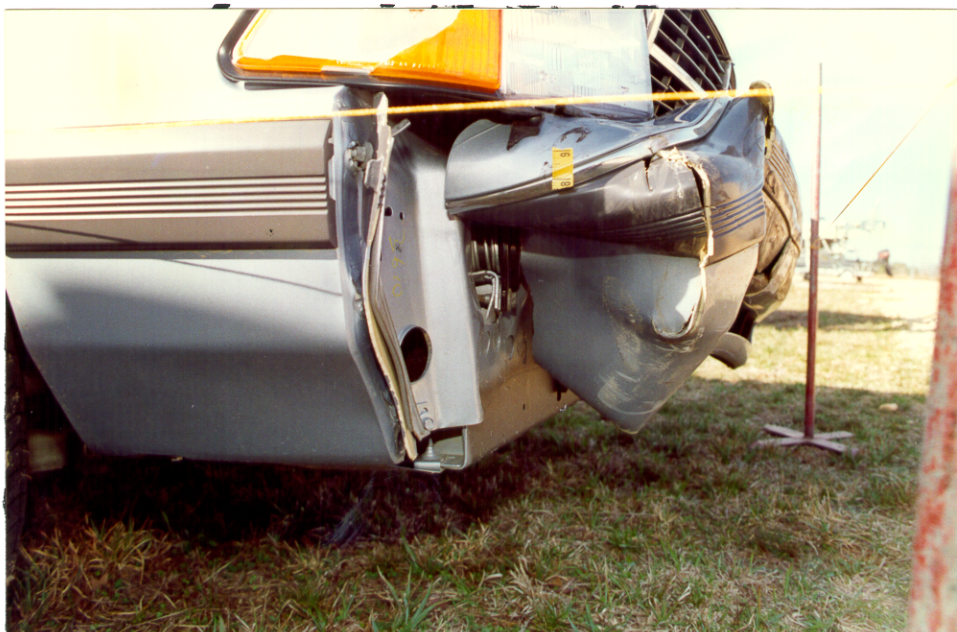
8. Rear-left overall view of the Spirit.



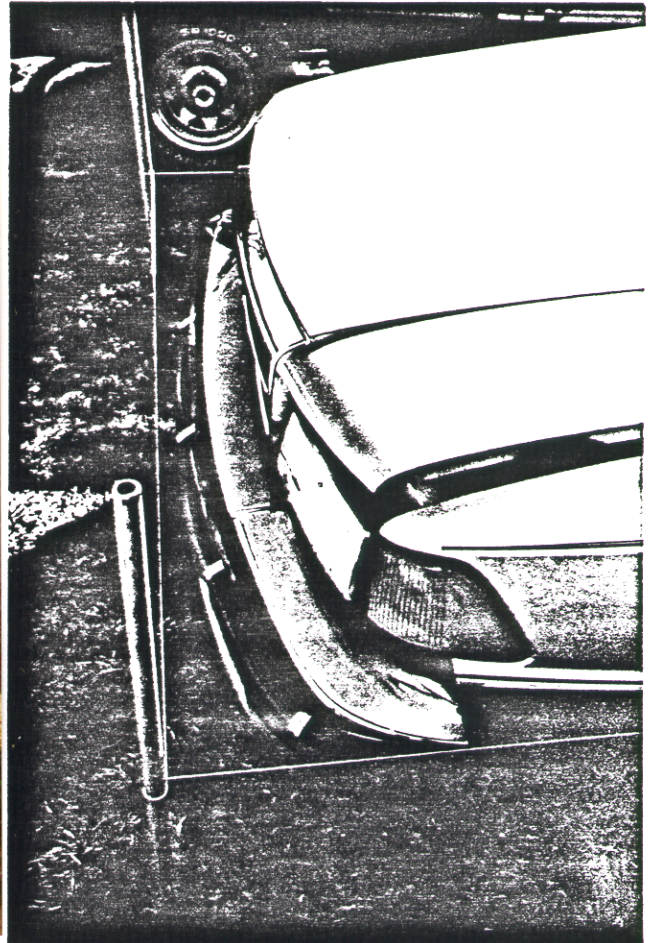
9. Front left overall view of the Spirit.



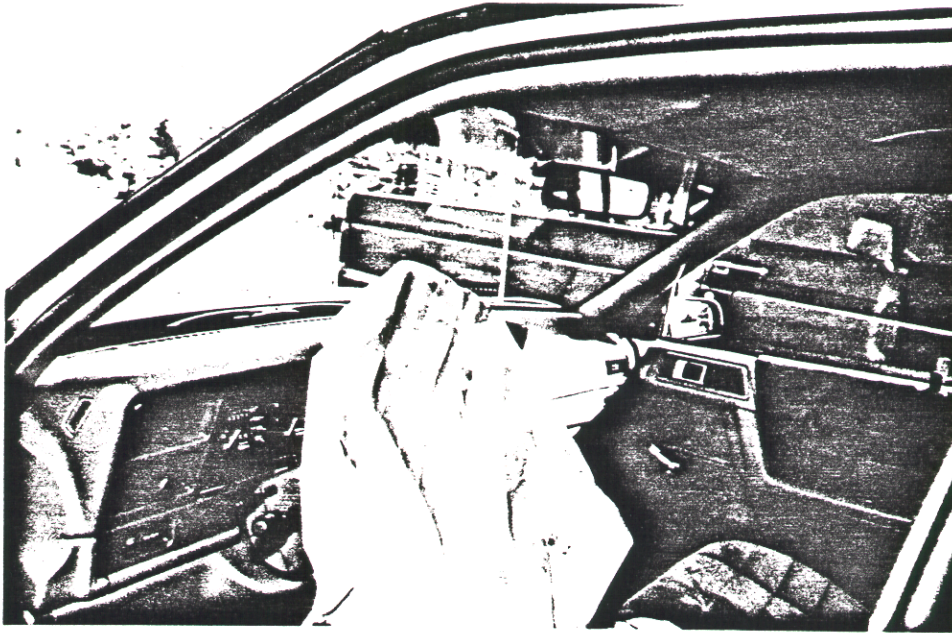
10. Close-up view of frontal impact area.



11. Front-right corner view of the Spirit.



12-13. Views down front stringline showing rearward crush of the bumper.



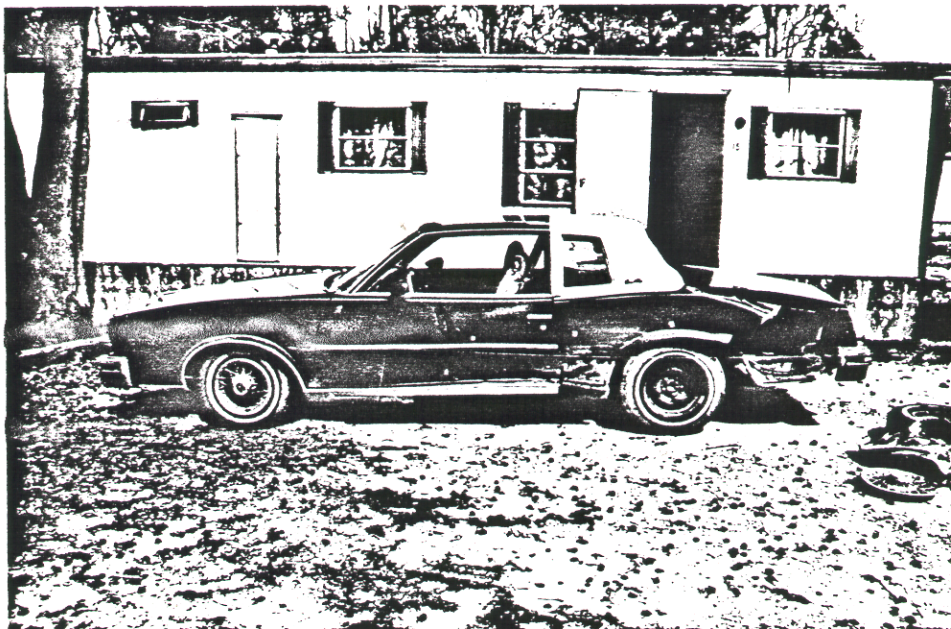
14. Overall view of frontal interior.



15. Overall view of deployed airbag showing occupant contact.



16. Close-up of occupant contact to the deployed airbag.



17. Left side view of the 1979 Pontiac Grand Prix.



19. Closeup view of damage to the Grand Prix.



20. Additional close-up view of left side damage.

SLIDE INDEX
NCSI CASE NO. 90-02

SCENE INDEX

1. Path of the case vehicle (1990 Dodge Spirit equipped with a driver airbag) into impact. The Spirit was northbound on the [REDACTED] Street in [REDACTED], Arkansas.
2. View of area of impact between the Spirit and a 1979 Pontiac Grand Prix and final rest area of the Spirit.
3. Opposite view from beyond impact and final rest area of the Spirit.
4. Path of the Grand Prix into impact. The Grand Prix was traveling west on [REDACTED] Street.
5. View of impact area looking west.
- 6-7. Path of the Grand Prix from impact to final rest and final rest area of the Grand Prix.
8. Opposite view of impact area looking east.
9. Opposite view from beyond final rest of the Grand Prix.

AIRBAG VEHICLE INDEX

- 10-14. Frontal views of the 1990 Dodge Spirit equipped with a driver airbag restraint system, showing damage from impact with the left side of the Pontiac Grand Prix.
15. Front-right overall view of the Spirit showing damage.
16. Rear-right overall view.
17. Rear-left overall view.
18. Front-left overall view.
- 19-22. Interior views of the Spirit. Occupant contacts were noted to the steering assembly and airbag.
23. View of the outer surface of the deployed airbag module showing occupant contact.
24. Top surface of the airbag - no contacts noted.
25. Bottom surface of the airbag - no contacts noted.
- 26-27. Close-up of occupant contact at approximately 8 o'clock on the outer surface of the deployed airbag.

- 28-29. Closeup views of stroking of the E.A.D's behind the front bumper of the Spirit.

OTHER VEHICLE INDEX

30. Front-left overall view of the 1979 Grand Prix.
- 31-34. Views of the left side showing impact damage and residual crush to the Grand Prix.
35. Rear-left overall view of the Grand Prix.
36. Front-right overall view of the Grand Prix.



NC 9002 #1



NC 9002 #2



NC 9002 #3



NC 9002 #4



NC 9002 #5



NC 9002 #6



NC 9002 #7



NC9002 #8



NC 9002 #9



NC9002 #10



NC 9002 #11



NC 9002 #12



NC 9002 #13
Best Available



NC9002 #14
Best Available



NC 9002 #15



NC9002 #16



NC 9002 #17



NC 9002 #18



NC9002 #19



NC 9002 #20



NC 9002 #21



NC 9002 #22



NC 9002 #23



NC 9002 #24



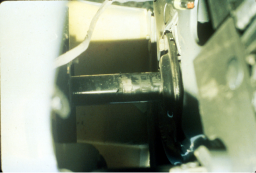
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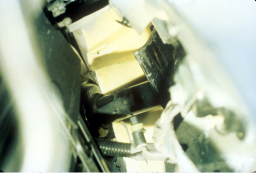
NC 9002 #26
Best Available



NC 8002 #27



NC 9002 #28



NC9002 #29



NC 9002 #30



NC 9002 #31



NC 9002 #32



NC 9002 #33



NC 9002 #34



NC 9002 #35



NC 9002 #38

Appendix A

Police Accident Report

ARKANSAS MOTOR VEHICLE TRAFFIC ACCIDENT REPORT

| MUNICIPAL USE ONLY | Unit Assigned | Premises | Geo. Code | District | Accident Severity/Injury Code | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--------------------|--|----------|-----------|----------|--|------|-------|-----|------|-----------|------|-------|---|---|----|---|----|---|--|---|---|--|---|----|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Incident # | | | | | 1. <input type="checkbox"/> Fatal Injury 2. <input type="checkbox"/> Incapacitating Injury 3. <input type="checkbox"/> Nonincapacitating Injury 4. <input type="checkbox"/> Possible Injury 5. <input type="checkbox"/> Property Damage only | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| LOCATION | County _____ City _____ Not in City, but _____ from nearest city limit _____ Distance _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> | | | | Date _____ 90 Month _____ Day _____ Year _____ Day of Week _____ Time _____ 2:24 AM _____ PM _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Road/Street of Accident Occurrence _____ If on numbered Highway/County Road, give # _____ Section _____ Log Mile _____ | | | | No. Vehicles Involved <u>2</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | At its intersection with _____ Give # Highway, County Road, Name of City Street as applicable | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Special Reference Not at intersection, but _____ Distance _____ N <input type="checkbox"/> S <input type="checkbox"/> E <input type="checkbox"/> W <input type="checkbox"/> Reference Point _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | (Use only the following as Reference Points) Intersecting Highway, County Road, City Street, Bridge, Railroad Crossing, Overpass, Underpass, Milepost, State Line, County Line, City Limit HIT & RUN <input type="checkbox"/> YES <input checked="" type="checkbox"/> NO | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | Vehicle <u>79</u> <u>PONTIAC</u> <u>GRA.</u> <u>2DOOR</u> Reg. <u>91</u> <u>ARK.</u> <u>2J37Y9F</u> Year Make Model Body Style Reg. State Number Vin # | | | | Seating Position 00 Nonoccupant 11 Front Seat L S 12 Front Seat C 13 Front Seat R S 14 Front Seat Not Known 21 Second Seat L S 22 Second Seat C 23 Second Seat R S 24 Second Seat Not Known 31 Third Seat L S 32 Third Seat C 33 Third Seat R S 34 Third Seat Not Known 41 Fourth Seat L S 42 Fourth Seat C 43 Fourth Seat R S 44 Fourth Seat Not Known 51 Open End of Truck 52 In Loading Unit 53 Riding on Vehicle 99 Not Known | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Owner _____ Address _____ <input type="checkbox"/> Rented to _____ Address _____ <input type="checkbox"/> Leased to _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trailers <input type="checkbox"/> No <input type="checkbox"/> Yes # Units _____ Reg. State _____ Plate # _____ Cargo <input type="checkbox"/> Not Known <input type="checkbox"/> Hazardous <input type="checkbox"/> Nonhazardous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prior Vehicle Damage <u>NONE NOTED</u> Vehicle Defects <u>NONE NOTED</u> Vehicle Damage as result of Accident _____ <input type="checkbox"/> Disabled <input checked="" type="checkbox"/> Functional <input type="checkbox"/> Other Damage <input type="checkbox"/> No Damage Investigator's Estimated Cost to Repair \$ <u>900.00</u> <input checked="" type="checkbox"/> Driven away <input type="checkbox"/> Towed away By <u>OPERATOR</u> To <u>UNKNOWN</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Operator _____ Address _____ <u>ARK.</u> Type License: Chauffeur <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Cyclist <input type="checkbox"/> School Bus <input type="checkbox"/> Learner Permit <input type="checkbox"/> Court Permit <input type="checkbox"/> Restricted <input type="checkbox"/> No License <input type="checkbox"/> BAC Test: Yes <input type="checkbox"/> Results If Known _____ Not Tested <input checked="" type="checkbox"/> Refused Test <input type="checkbox"/> Operator Residence: Local <input checked="" type="checkbox"/> Elsewhere in State <input type="checkbox"/> Nonresident of State <input type="checkbox"/> Residence Not Known <input type="checkbox"/> Operator License _____ <u>ARK.</u> State _____ Operator Data DOB _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | Name _____ Address _____ Name _____ Address _____ Name _____ Address _____ Name _____ Address _____ | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Race</th> <th>Sex</th> <th>Age</th> <th>Inj.</th> <th>Seal Pos.</th> <th>Type</th> <th>Rest.</th> </tr> </thead> <tbody> <tr> <td>W</td> <td>M</td> <td>30</td> <td>4</td> <td>11</td> <td>9</td> <td></td> </tr> <tr> <td>W</td> <td>M</td> <td></td> <td>5</td> <td>13</td> <td>9</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Race | Sex | Age | Inj. | Seal Pos. | Type | Rest. | W | M | 30 | 4 | 11 | 9 | | W | M | | 5 | 13 | 9 | | | | | | | | | | | | | | | |
| | Race | Sex | Age | Inj. | Seal Pos. | Type | Rest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | W | M | 30 | 4 | 11 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | W | M | | 5 | 13 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| VEHICLE | Vehicle <u>90</u> <u>DODGE</u> <u>SPRIT</u> <u>4DOOR</u> Reg. <u>NONE</u> Vin # _____ Year Make Model Body Style Reg. State Number | | | | Occupant Restraint System 0 - None Used 1 - Shoulder Belt 2 - Lap Belt 3 - Lap & Shoulder Belts 4 - Child Safety Seat 5 - Motorcycle Helmet 6 - Deployed Air Bag 7 - Non-Deployed Air Bag 8 - Restraint Used - Type Unknown 9 - Unknown Ejection 0 - Not Ejected 1 - Totally Ejected 2 - Partially Ejected 9 - Unknown | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Owner _____ Address _____ <input type="checkbox"/> Rented to _____ Address _____ <input type="checkbox"/> Leased to _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Trailers <input type="checkbox"/> No <input type="checkbox"/> Yes # Units _____ Reg. State _____ Plate # _____ Cargo <input type="checkbox"/> Not Known <input type="checkbox"/> Hazardous <input type="checkbox"/> Nonhazardous | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Prior Vehicle Damage <u>NONE NOTED</u> Vehicle Defects <u>NONE NOTED</u> Vehicle Damage as result of Accident _____ <input checked="" type="checkbox"/> Disabled <input type="checkbox"/> Functional <input type="checkbox"/> Other Damage <input type="checkbox"/> No Damage Investigator's Estimated Cost to Repair \$ <u>3000.00</u> <input type="checkbox"/> Driven away <input type="checkbox"/> Towed away By _____ To _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | Operator _____ Address _____ <u>ARK.</u> Type License: Chauffeur <input type="checkbox"/> Operator <input checked="" type="checkbox"/> Cyclist <input type="checkbox"/> School Bus <input type="checkbox"/> Learner Permit <input type="checkbox"/> Court Permit <input type="checkbox"/> Restricted <input type="checkbox"/> No License <input type="checkbox"/> BAC Test: Yes <input type="checkbox"/> Results If Known _____ Not Tested <input checked="" type="checkbox"/> Refused Test <input type="checkbox"/> Operator Residence: Local <input checked="" type="checkbox"/> Elsewhere in State <input type="checkbox"/> Nonresident of State <input type="checkbox"/> Residence Not Known <input type="checkbox"/> Operator License _____ <u>ARK.</u> State _____ Operator Data DOB _____ | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| OCCUPANT | Name _____ Address _____ Name _____ Address _____ Name _____ Address _____ Name _____ Address _____ | | | | <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Race</th> <th>Sex</th> <th>Age</th> <th>Inj.</th> <th>Seal Pos.</th> <th>Type</th> <th>Rest.</th> </tr> </thead> <tbody> <tr> <td>B</td> <td>F</td> <td>19</td> <td>3</td> <td>11</td> <td>9</td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> <tr> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> <td></td> </tr> </tbody> </table> | Race | Sex | Age | Inj. | Seal Pos. | Type | Rest. | B | F | 19 | 3 | 11 | 9 | | | | | | | | | | | | | | | | | | | | | | |
| | Race | Sex | Age | Inj. | Seal Pos. | Type | Rest. | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| | B | F | 19 | 3 | 11 | 9 | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
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| | | | | | | |
|--|--|---|--|---|--|--|
| Veh 1, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U. Carriage <input type="checkbox"/> Unknown | | <input type="checkbox"/> Head On <div style="text-align: center;">→ ←</div> <input type="checkbox"/> Sideswipe <div style="text-align: center;">→ →</div> <input type="checkbox"/> Left Turn <div style="text-align: center;">→ ↙</div> <input type="checkbox"/> Left Turn <div style="text-align: center;">→ ←</div> | <input type="checkbox"/> Rear End <div style="text-align: center;">→ →</div> <input type="checkbox"/> Sideswipe <div style="text-align: center;">→ →</div> <input type="checkbox"/> Right Turn <div style="text-align: center;">→ ↘</div> <input type="checkbox"/> Right Turn <div style="text-align: center;">→ ←</div> | <input checked="" type="checkbox"/> Angle <div style="text-align: center;">→ ↓</div> <input type="checkbox"/> Overturn <div style="text-align: center;">→ ∞</div> <input type="checkbox"/> Backing <div style="text-align: center;">→ ○</div> <input type="checkbox"/> Other | Veh 2, Damage <input type="checkbox"/> None <input type="checkbox"/> Overturned <input type="checkbox"/> Burned <input type="checkbox"/> Submerged <input type="checkbox"/> Top <input type="checkbox"/> U. Carriage <input type="checkbox"/> Unknown | |
| Color ... Body Style ... 2 DOOR Point of Initial Contact LEFT SIDE | | | | Color BLUE Body Style 4 DOOR Point of Initial Contact FRONT | | |

INVESTIGATOR DESCRIPTION: (Refer to vehicle by operator)

OPERATOR OF VEH. 1 STATED THAT HE WAS TRAVELING WEST ON [REDACTED] ST.
 AND THAT VEH. 2 JUST CAME OUT OF [REDACTED] ST. AND HIT HIM.

OPERATOR OF VEH. 2 STATED THAT SHE THAUGHT VEH. 1 WAS GOING TO TURN INTO
 [REDACTED] ST. SO SHE PULL ON OUT OF [REDACTED] ST AND STRUCK VEH. 1.

VEH. 2 WERE GOING NORTH AND FAIL TO YIELD AT STOP SIGN.

VEH. 1 WAS KNOCK AROUND AND HEADED BACK EAST.

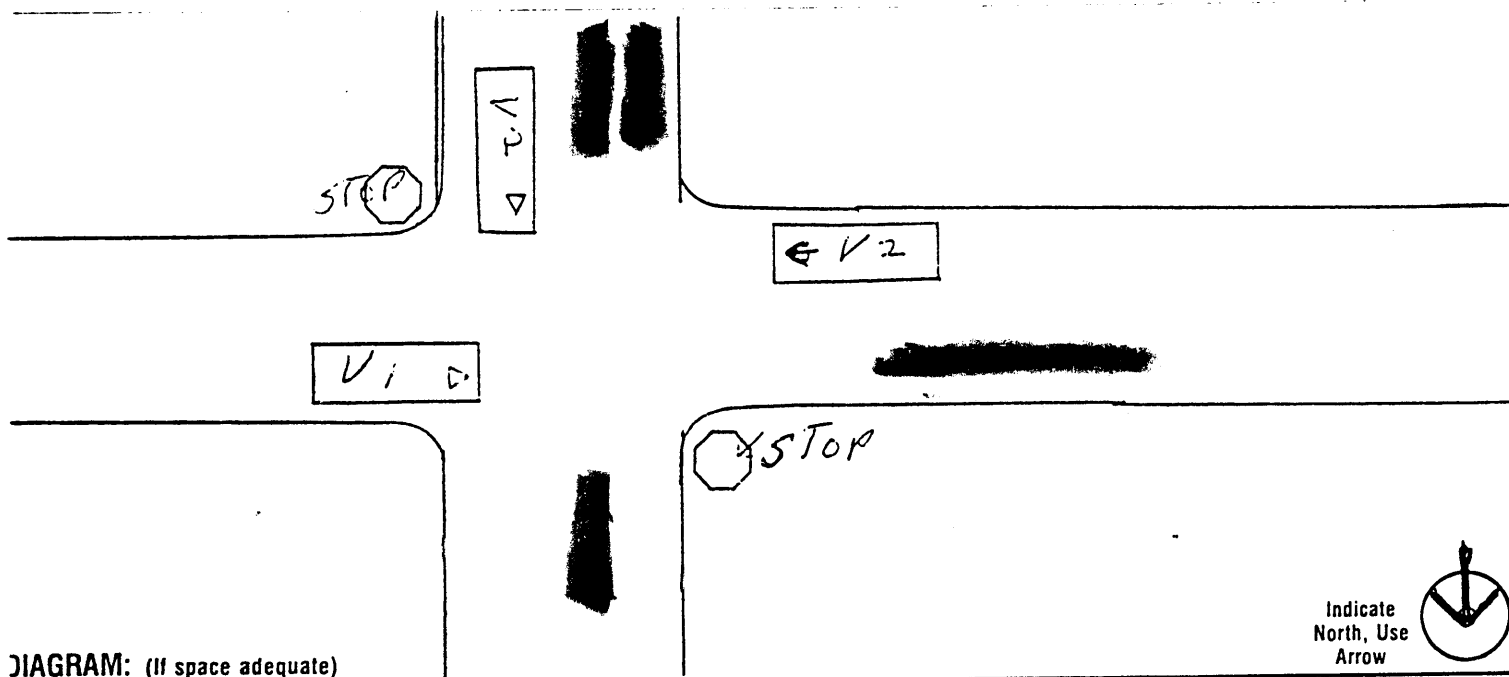


DIAGRAM: (If space adequate)

| | | |
|--|--------------------------------|--|
| Arrest: [REDACTED] | Charge FAIL TO YIELD | Summons # [REDACTED] |
| Arrest: [REDACTED] | Charge [REDACTED] | Summons # [REDACTED] |
| Time notified of accident 2:24 P. M. | Time arrived 2:25 P. M. | Date [REDACTED] 90 |
| The data in this report reflects my best judgement and knowledge based on information available to me. | | Photos <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |
| Investigator: [REDACTED] | Name and ID Number [REDACTED] | Department [REDACTED] Date Submitted 190 |

Atmospheric Conditions

0 ☒ No Adverse Conditions
 1 ☐ Rain 2 ☐ Sleet
 3 ☐ Snow 4 ☐ Fog
 5 ☐ High Winds
 6 ☐ Smoke 7 ☐ Smog 8 ☐ Dust
 9 ☐ Other
 10 ☐ Not Known

Temperature

1 ☒ Daylight 2 ☐ Dark 3 ☐ Dawn 4 ☐ Dusk
 5 ☐ Dark but lighted
 6 ☐ Dark, light not functioning
 7 ☐ Not Known

Accident Locale

1 ☐ Rural 2 ☒ Urban
 3 ☐ Not Known

Roadway Surface Condition

1 ☒ Dry 2 ☐ Wet 3 ☐ Ice
 4 ☐ Sand 5 ☐ Dirt 6 ☐ Oil
 7 ☐ Other
 8 ☐ Not Known

Road System

Speed Limit 30 Posted ☒ Yes ☐ No
 1 ☐ Interstate 2 ☐ U.S. Hwy. 3 ☐ State Hwy.
 4 ☐ County Road 5 ☒ City Street 6 ☐ Other
 7 ☐ Not Known

Road Surface Type

1 ☐ Concrete 2 ☒ Asphalt
 3 ☐ Gravel 4 ☐ Dirt
 5 ☐ Other
 6 ☐ Not Known

Roadway Alignment/Profile

1 ☒ Straight 1 ☐ Level
 2 ☐ Curve 2 ☒ Grade
 3 ☐ Not Known 3 ☐ Hillcrest
 4 ☐ Sag
 5 ☐ Not Known

Construction/Maintenance Zone

1 ☐ Yes 2 ☒ No
 3 ☐ Highway Const 4 ☐ Utility 5 ☐ Other
 Protected 6 ☐ No 7 ☐ Yes How
 8 ☐ Reduced Road Width
 9 ☐ Road Repair 10 ☐ Maintenance

Trafficway Flow

1 ☐ Divided 2 ☒ Not Divided 2
 3 ☐ Divided by Median # Lanes
 4 ☐ Divided by Other Barrier
 5 ☐ Divided by Temporary Barrier
 6 ☐ One Way Traffic
 7 ☐ Not Known

Roadway Conditions

0 ☒ No Adverse Conditions
 1 ☐ Obstruction, Warning
 2 ☐ Obstruction, No Warning
 3 ☐ Loose Materials on Surface
 4 ☐ Holes 5 ☐ Ruts 6 ☐ Bumps
 7 ☐ Defective Shoulders
 8 ☐ No Markings
 9 ☐ Other Defects
 10 ☐ Defects Not Known

Relation to Junction

0 ☐ Non-Junction
 1 ☒ Intersection 2 ☐ Intersection Related
 3 ☐ Driveway 4 ☐ Alley
 5 ☐ Exit Lane 6 ☐ Entrance Lane
 7 ☐ RR Crossing
 8 ☐ Crossover Lane
 9 ☐ Other
 10 ☐ Not Known

Traffic Controls

0 ☐ No Controls Present
 1 ☐ Flashing Beacon
 2 ☐ Traffic Signal
 3 ☒ Stop Sign 4 ☐ Yield Sign
 5 ☐ RR Crossing with Gates & Lights
 6 ☐ RR Crossing, Flashing Lights Only
 7 ☐ RR Crossing, Crossbuck Only
 8 ☐ School Zone, Children Present
 9 ☐ Pedestrian Signal
 10 ☐ Lane Markings
 11 ☐ Other Controls
 12 ☐ Controls Not Known
 13 ☐ Device Not Functioning
 14 ☐ Device Functioning Properly
 15 ☐ Device Functioning Improperly

Vehicle Travel Direction

| | V1 | | | | |
|----|----|---|---|---|---|
| | | N | S | E | W |
| V1 | | | | | |
| V2 | | | | | |

Vehicle Action

| V1 | V2 |
|--|--|
| 1 <input checked="" type="checkbox"/> Going Straight | 1 <input type="checkbox"/> Vision not obscured |
| 2 <input type="checkbox"/> Negotiating Curve | 2 <input type="checkbox"/> Rain |
| 3 <input type="checkbox"/> Slowing | 3 <input type="checkbox"/> Snow |
| 4 <input type="checkbox"/> Stopped in Traffic Lane | 4 <input type="checkbox"/> Sleet |
| 5 <input type="checkbox"/> Merging | 5 <input type="checkbox"/> Fog |
| 6 <input type="checkbox"/> Enter, Parked Position | 6 <input type="checkbox"/> Glare |
| 7 <input type="checkbox"/> Exit, Parked Position | 7 <input type="checkbox"/> Sunlight |
| 8 <input type="checkbox"/> Parked | 8 <input type="checkbox"/> Headlights |
| 9 <input type="checkbox"/> Turning Right | 9 <input type="checkbox"/> Building |
| 10 <input type="checkbox"/> Turning Right on Red | 10 <input type="checkbox"/> Billboard |
| 11 <input type="checkbox"/> Turning Left | 11 <input type="checkbox"/> Trees |
| 12 <input type="checkbox"/> Turning Left on Red | 12 <input type="checkbox"/> Shrubs |
| 13 <input type="checkbox"/> Making U Turn | 13 <input type="checkbox"/> Other Vegetation |
| 14 <input type="checkbox"/> Backing | 14 <input type="checkbox"/> Moving Vehicle |
| 15 <input type="checkbox"/> Avoiding Vehicle | 15 <input type="checkbox"/> Parked Vehicle |
| 16 <input type="checkbox"/> Avoiding Pedestrian | 16 <input type="checkbox"/> Ice on Windshield |
| 17 <input type="checkbox"/> Avoiding Animal | 17 <input type="checkbox"/> Fog on Windshield |
| 18 <input type="checkbox"/> Avoiding Other Object | 18 <input type="checkbox"/> Broken Windshield |
| 19 <input type="checkbox"/> Passing | 19 <input type="checkbox"/> Dirty Windshield |
| 20 <input type="checkbox"/> Changing Lanes | 20 <input type="checkbox"/> Other |
| 21 <input type="checkbox"/> Other Action | 21 <input type="checkbox"/> Not Known |
| 22 <input type="checkbox"/> Action Not Known | |

Contributing Factors

| OPR 1 | OPR 2 |
|---------------------------------------|---|
| 0 <input checked="" type="checkbox"/> | 0 <input type="checkbox"/> No Contributing Factor |
| 1 <input type="checkbox"/> | 1 <input type="checkbox"/> Too Fast For Conditions |
| 2 <input type="checkbox"/> | 2 <input checked="" type="checkbox"/> Fail to Yield |
| 3 <input type="checkbox"/> | 3 <input type="checkbox"/> Alcohol |
| 4 <input type="checkbox"/> | 4 <input type="checkbox"/> Drugs |
| 5 <input type="checkbox"/> | 5 <input type="checkbox"/> Disregarded Stop Sign |
| 6 <input type="checkbox"/> | 6 <input type="checkbox"/> Disregarded Yield Sign |
| 7 <input type="checkbox"/> | 7 <input type="checkbox"/> Disregarded Traffic Signal |
| 8 <input type="checkbox"/> | 8 <input type="checkbox"/> Wrong Side Road |
| 9 <input type="checkbox"/> | 9 <input type="checkbox"/> Wrong Way — 1 Way Traffic |
| 10 <input type="checkbox"/> | 10 <input type="checkbox"/> Followed Too Close |
| 11 <input type="checkbox"/> | 11 <input type="checkbox"/> Illegal Right Turn |
| 12 <input type="checkbox"/> | 12 <input type="checkbox"/> Illegal Left Turn |
| 13 <input type="checkbox"/> | 13 <input type="checkbox"/> Illegal Lane Change |
| 14 <input type="checkbox"/> | 14 <input type="checkbox"/> Illegal Passing |
| 15 <input type="checkbox"/> | 15 <input type="checkbox"/> Prohibited U Turn |
| 16 <input type="checkbox"/> | 16 <input type="checkbox"/> Operating Defective Lights |
| 17 <input type="checkbox"/> | 17 <input type="checkbox"/> Operating Defective Brakes |
| 18 <input type="checkbox"/> | 18 <input type="checkbox"/> Operating Other Defective Equipment |
| 19 <input type="checkbox"/> | 19 <input type="checkbox"/> Unsafe Backing |
| 20 <input type="checkbox"/> | 20 <input type="checkbox"/> Other Factor |
| 21 <input type="checkbox"/> | 21 <input type="checkbox"/> Factor Not Known |

Fire Occurrence

0 ☒ No Fire Occurrence
 V1 1 ☐ Fire Occurrence, Result of Impact
 V2 2 ☐ Fire Occurrence, Result of Impact

First Harmful Event

| Non-Collision | Collision With |
|--|---|
| 10 <input type="checkbox"/> Overturn | 1 <input type="checkbox"/> Pedestrian |
| 11 <input type="checkbox"/> Fire 12 <input type="checkbox"/> Explosion | 2 <input type="checkbox"/> Pedalcycle |
| 13 <input type="checkbox"/> Immersion | 3 <input type="checkbox"/> Railway Train |
| 14 <input type="checkbox"/> Gas Inhalation | 4 <input checked="" type="checkbox"/> MV in Transport |
| 15 <input type="checkbox"/> Fell from Vehicle | 5 <input type="checkbox"/> MV in Other Roadway |
| 16 <input type="checkbox"/> Injured in Vehicle | 6 <input type="checkbox"/> Parked Motor Vehicle |
| 17 <input type="checkbox"/> Other Non-Collision | 7 <input type="checkbox"/> Animal |
| | 8 <input type="checkbox"/> Other Object Not Fixed |

Collision with Fixed Object

20 ☐ Identify Object

First Harmful Event Occurred

1 ☒ On Roadway
 2 ☐ Shoulder 3 ☐ Median
 4 ☐ Roadside 5 ☐ Outside Trafficway
 6 ☐ Location Unknown

Most Harmful Event

V1 M. V. IN TRANSPORT
 Identify Event
 V2 M. V. IN TRANSPORT
 Identify Event

Pedestrian Location

1 ☐ In Crosswalk 6 ☐ No Crosswalk
 2 ☐ Intersection 7 ☐ Non-Intersection
 3 ☐ On Roadway 8 ☐ Sidewalk
 4 ☐ On Road Shoulder 9 ☐ Location Not Known
 5 ☐ Bike Path 10 ☐ No Pedestrian
 11 ☐ Other Location

Pedestrian Action

0 ☐ Not Visible
 1 ☐ Crossing Road, No Intersection
 2 ☐ Crossing at Intersection
 3 ☐ Walking with Traffic
 4 ☐ Walking Against Traffic
 5 ☐ Playing 6 ☐ Lying in Roadway
 7 ☐ Working 8 ☐ Standing in Roadway
 9 ☐ No Pedestrian
 10 ☐ Other Ped. Action
 11 ☐ Action Not Known

EMS Time Notified _____
 EMS Time Arrived _____
 Injured Transported to _____
 Transported by _____

INSURANCE CARRIER

V1 XXXXXXXXXX
 V2 XXXXXXXXXX

Damage to Property
Other Than Vehicle

Owner of Property

Notified of Damage

Witnesses

Witnesses

Describe Property

Address

Address

Address

Address

Estimate of Damage

Time

Age

Age

Sex

Sex

Appendix B

NASS Data Collection Forms



U.S. Department of Transportation
National Highway Traffic Safety
Administration

CASE SUMMARY

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

PSU NCST CASE NO. 90-02 TYPE OF ACCIDENT CAR/CAR RT ANGLE IMPACT

A. DESCRIPTION OF THE ACCIDENT SEQUENCE AND ACCIDENT PECULIARITIES

(Provide a summary of the accident sequence as well as any particular event of the accident that is noteworthy. Injury mechanism and vehicle crashworthiness is the focus, not driver culpability. Do not include any personal identifiers. Use reverse side if needed.)

SEE SUMMARY PAGE 1

B. VEHICLE PROFILE(S)

| Vehicle No. | Class of Vehicle | Year/Make/Model | Most Severe Damage | | Component Failure |
|-------------|------------------|-----------------|--------------------|----------------------|-------------------|
| | | | Damage Plane | Severity Description | |
| 1 | COMPACT | 90 DODGE SPIRIT | F | LIGHT | NONE |
| 2 | INTERMEDIATE | 791 GRAND PRIX | L | MODERATE | NONE |
| | | | | | |

C. PERSON PROFILE(S)

| Vehicle No. | Person Role | Seat Position | Restraint Use | Most Severe Injury | | | |
|-------------|-------------|---------------|---------------|--------------------|--------|-----|---------------|
| | | | | Body Region | Lesion | AIS | Injury Source |
| 1 | D | FL | AIRBAG | F | L | 1 | AIRBAG |
| 2 | D | FL | NONE | NONE | — | — | — |
| 2 | P | FR | NONE | NONE | — | — | — |
| | | | | | | | |

DO NOT SANITIZE THIS FORM



U.S. Department of Transportation
National Highway Traffic Safety
Administration

ACCIDENT FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| <p>1. Primary Sampling Unit Number <u>NCSE</u></p> <p>2. Case Number – Stratum <u>90-02</u></p> | <p>SPECIAL STUDIES INDICATORS</p> <p>Check (✓) each special study (SS12-SS16 below) that has been completed; code 1 for the checked special studies and 0 for the special studies not checked.</p> <p>6. <u> </u> SS12 Not Active <u> 0 </u></p> <p>7. <u> </u> SS13 AOPS <u> </u></p> <p>8. <u> </u> SS14 <u> </u></p> <p>9. <u> </u> SS15 <u> </u></p> <p>10. <u> </u> SS16 <u> </u></p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
|--|--|------------------|------------------------|------------------------------------|------------------------------------|------------------------|------------------------|---------------|---------------|---------------|--------------|---------------|---------------|--------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|---------------|-----------------|-----------------|-----------------|-----------------|-----------------|-----------------|--|
| IDENTIFICATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>3. Number of General Vehicle Forms Submitted <u>02</u></p> <p>4. Date of Accident (Month, Day, Year) <u> </u> <u>9</u> <u>0</u></p> <p>5. Time of Accident <u>1424</u></p> <p>Code reported military time of accident.</p> <p>NOTE: Midnight = 2400 Unknown = 9999</p> | <p>NUMBER OF EVENTS</p> <p>11. Number of Recorded Events in This Accident <u>01</u></p> <p>Code the number of events which occurred in this accident.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| ACCIDENT EVENTS | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>For each event that occurred in the accident, code the lowest numbered vehicle in the left columns and the other involved vehicle or object on the right.</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 12.5%;">Accident Event Sequence Number</th> <th style="width: 12.5%;">Vehicle Number</th> <th style="width: 12.5%;">Class of Vehicle</th> <th style="width: 12.5%;">General Area of Damage</th> <th style="width: 12.5%;">Vehicle Number or Object Contacted</th> <th style="width: 12.5%;">Class of Vehicle</th> <th style="width: 12.5%;">General Area of Damage</th> </tr> </thead> <tbody> <tr> <td>12. <u>01</u></td> <td>13. <u>01</u></td> <td>14. <u>02</u></td> <td>15. <u>F</u></td> <td>16. <u>02</u></td> <td>17. <u>03</u></td> <td>18. <u>L</u></td> </tr> <tr> <td>19. <u>02</u></td> <td>20. <u> </u></td> <td>21. <u> </u></td> <td>22. <u> </u></td> <td>23. <u> </u></td> <td>24. <u> </u></td> <td>25. <u> </u></td> </tr> <tr> <td>26. <u>03</u></td> <td>27. <u> </u></td> <td>28. <u> </u></td> <td>29. <u> </u></td> <td>30. <u> </u></td> <td>31. <u> </u></td> <td>32. <u> </u></td> </tr> <tr> <td>33. <u>04</u></td> <td>34. <u> </u></td> <td>35. <u> </u></td> <td>36. <u> </u></td> <td>37. <u> </u></td> <td>38. <u> </u></td> <td>39. <u> </u></td> </tr> <tr> <td>40. <u>05</u></td> <td>41. <u> </u></td> <td>42. <u> </u></td> <td>43. <u> </u></td> <td>44. <u> </u></td> <td>45. <u> </u></td> <td>46. <u> </u></td> </tr> </tbody> </table> | Accident Event Sequence Number | Vehicle Number | Class of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class of Vehicle | General Area of Damage | 12. <u>01</u> | 13. <u>01</u> | 14. <u>02</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>03</u> | 18. <u>L</u> | 19. <u>02</u> | 20. <u> </u> | 21. <u> </u> | 22. <u> </u> | 23. <u> </u> | 24. <u> </u> | 25. <u> </u> | 26. <u>03</u> | 27. <u> </u> | 28. <u> </u> | 29. <u> </u> | 30. <u> </u> | 31. <u> </u> | 32. <u> </u> | 33. <u>04</u> | 34. <u> </u> | 35. <u> </u> | 36. <u> </u> | 37. <u> </u> | 38. <u> </u> | 39. <u> </u> | 40. <u>05</u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> | |
| Accident Event Sequence Number | Vehicle Number | Class of Vehicle | General Area of Damage | Vehicle Number or Object Contacted | Class of Vehicle | General Area of Damage | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 12. <u>01</u> | 13. <u>01</u> | 14. <u>02</u> | 15. <u>F</u> | 16. <u>02</u> | 17. <u>03</u> | 18. <u>L</u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 19. <u>02</u> | 20. <u> </u> | 21. <u> </u> | 22. <u> </u> | 23. <u> </u> | 24. <u> </u> | 25. <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 26. <u>03</u> | 27. <u> </u> | 28. <u> </u> | 29. <u> </u> | 30. <u> </u> | 31. <u> </u> | 32. <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 33. <u>04</u> | 34. <u> </u> | 35. <u> </u> | 36. <u> </u> | 37. <u> </u> | 38. <u> </u> | 39. <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| 40. <u>05</u> | 41. <u> </u> | 42. <u> </u> | 43. <u> </u> | 44. <u> </u> | 45. <u> </u> | 46. <u> </u> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| <p>IF GREATER THAN FIVE EVENTS, CONTINUE CODING ON THE ACCIDENT EVENTS SUPPLEMENT</p> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

| CODES FOR CLASS OF VEHICLE | CODES FOR GENERAL AREA OF DAMAGE (GAD) | |
|---|---|--|
| (00) Not a motor vehicle (01) Subcompact/mini (wheelbase - 100 ") (02) Compact (wheelbase - 100 " - 104 ") (03) Intermediate (wheelbase - 105 " - 109 ") (04) Full size (wheelbase - 110 " - 114 ") (05) Largest (wheelbase - 115 ") (09) Unknown passenger car size (11) Short utility vehicle (12) Truck based utility (· 10,000 lbs GVWR) (13) Passenger van (· 10,000 lbs GVWR) (14) Other van (· 10,000 lbs GVWR) (15) Pickup truck (· 10,000 lbs GVWR) (18) Other truck (· 10,000 lbs GVWR) (19) Unknown light truck type (20) School bus (21) Other bus (22) Truck (· 10,000 lbs GVWR) (23) Tractor without trailer (24) Tractor-trailer(s) (25) Motored cycle (28) Other vehicle (99) Unknown | CDC APPLICABLE AND OTHER VEHICLES | TDC APPLICABLE VEHICLES |
| | (0) Not a motor vehicle (N) Noncollision (F) Front (R) Right side (L) Left side (B) Back (T) Top (U) Undercarriage (9) Unknown | (0) Not a motor vehicle (N) Noncollision (F) Front (R) Right side (L) Left side (B) Back of unit with cargo area (rear of trailer or straight truck) (D) Back (rear of tractor) (C) Rear of cab (V) Front of cargo area (T) Top (U) Undercarriage (9) Unknown |
| CODES FOR VEHICLE NUMBER OR OBJECT CONTACTED | | |
| (01-30) - Vehicle number Noncollision (31) Overturn - rollover (32) Fire or explosion (33) Jackknife (34) Other intraunit damage (specify): _____ (35) Noncollision injury (38) Other noncollision (specify): _____ (39) Noncollision - details unknown Collision with Fixed Object (41) Tree (· 4 inches in diameter) (42) Tree (· 4 inches in diameter) (43) Shrubbery or bush (44) Embankment (45) Breakaway pole or post (any diameter) Nonbreakaway Pole or Post (50) Pole or post (· 4 inches in diameter) (51) Pole or post (· 4 but · 12 inches in diameter) (52) Pole or post (· 12 inches in diameter) (53) Pole or post (diameter unknown) (54) Concrete traffic barrier (55) Impact attenuator (56) Other traffic barrier (specify): _____ | (57) Fence (58) Wall (59) Building (60) Ditch or culvert (61) Ground (62) Fire hydrant (63) Curb (64) Bridge (68) Other fixed object (specify): _____ (69) Unknown fixed object Collision with Nonfixed Object (71) Motor vehicle not in-transport (72) Pedestrian (73) Cyclist or cycle (74) Other nonmotorist or conveyance (specify): _____ (75) Vehicle occupant (76) Animal (77) Train (78) Trailer, disconnected in transport (88) Other nonfixed object (specify): _____ (89) Unknown nonfixed object (98) Other event (specify): _____ (99) Unknown event or object | |

ACCIDENT COLLISION MEASUREMENT TABLE

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

[illegible]



U.S. Department of Transportation
National Highway Traffic Safety
Administration

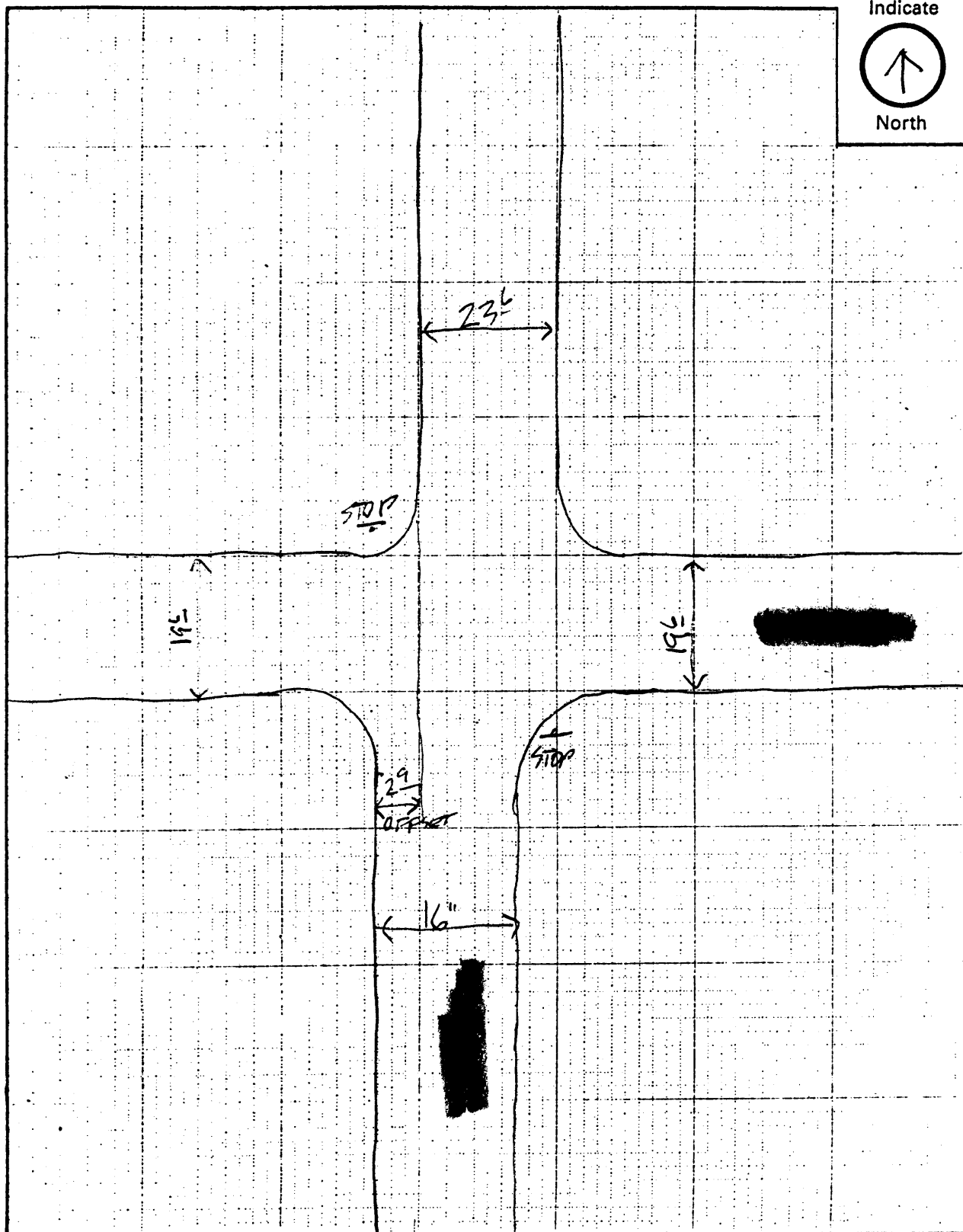
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

ACCIDENT COLLISION DIAGRAM

PSU No. NC 51

Case Number—Stratum 9 0-0 2

Indicate





US Department of Transportation
National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|--|--|
| <p>1. Primary Sampling Unit Number <u>NCST</u></p> <p>2. Case Number—Stratum <u>90-02</u></p> <p>3. Vehicle Number <u>01</u></p> <p style="text-align: center;">VEHICLE IDENTIFICATION</p> <p>4. Vehicle Model Year <u>90</u> Code the last two digits of the model year (99) Unknown</p> <p>5. Vehicle Make (specify): <u>07</u> <u>DODGE</u> Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual. (99) Unknown</p> <p>6. Vehicle Model (specify): <u>019</u> <u>SPIRIT</u> Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual. (999) Unknown</p> <p>7. Body Type <u>04</u> Note: Applicable codes are found on the back of this page.</p> <p>8. Vehicle Identification Number <u>LB3XA46K9L</u> Left justify: Slash zeros and letter Z (0 and Z) No VIN—Code all zeros Unknown—Code all nine's</p> <p style="text-align: center;">OFFICIAL RECORDS</p> <p>9. Police Reported Vehicle Disposition <u>1</u> (0) Not towed due to vehicle damage (1) Towed due to vehicle damage (9) Unknown</p> <p>10. Police Reported Travel Speed <u>99</u> Code to the nearest mph (NOTE: 00 means less than 0.5 mph) (97) 96.5 mph and above (99) Unknown</p> | <p>11. Police Reported Alcohol or Drug Presence <u>0</u> (0) Neither alcohol nor drugs present (1) Yes (alcohol present) (2) Yes (drugs present) (3) Yes (alcohol and drugs present) (4) Yes (alcohol or drugs present—specifics unknown) (7) Not reported (8) No driver present (9) Unknown</p> <p>12. Alcohol Test Result for Driver <u>96</u> Code actual value (decimal implied before first digit—0.xx) (95) Test refused (96) None given (97) AC test performed, results unknown (98) No driver present (99) Unknown Source _____</p> <p style="text-align: center;">ACCIDENT RELATED</p> <p>13. Speed Limit <u>30</u> (00) No statutory limit Code posted or statutory speed limit (99) Unknown</p> <p>14. Attempted Avoidance Maneuver <u>01</u> (00) No impact (01) No avoidance actions (02) Braking (no lockup) (03) Braking (lockup) (04) Braking (lockup unknown) (05) Releasing brakes (06) Steering left (07) Steering right (08) Braking and steering left (09) Braking and steering right (10) Accelerating (11) Accelerating and steering left (12) Accelerating and steering right (97) No driver present (98) Other action (specify): _____ (99) Unknown</p> <p>15. Accident Type <u>BB</u> Applicable codes may be found on the back of page two of this field form (00) No impact Code the number of the diagram that best describes the accident circumstance (98) Other accident type (specify): _____ (99) Unknown</p> |
|--|--|

****** STOP HERE IF GV07 DOES NOT EQUAL 01-49 ******

CODES FOR BODY TYPE

CDS APPLICABLE VEHICLES

Automobiles

- (01) Convertible (excludes sun-roof, t-bar)
- (02) 2-door sedan, hardtop, coupe
- (03) 3-door/2-door hatchback
- (04) 4-door sedan, hardtop
- (05) 5-door/4-door hatchback
- (06) Station wagon (excluding van and truck based)
- (08) Other automobile type (specify): _____

-
- (09) Unknown automobile type

Automobile Derivatives

- (10) Auto based pickup (includes El Camino, Caballero, Ranchero, and Brat)
- (11) Auto based panel (cargo station wagon, includes auto based ambulance/hearse)
- (12) Large limousine—more than four side doors or stretched chassis

Utility Vehicles

- (13) Short utility—not truck based (includes Jeep CJ-5, Jeep CJ-7, Renegade, Landrover, Pre-78 Bronco, Landcruiser, Thing)
- (14) Truck based utility (2-door; includes Blazer, Bronco—78 on, Bronco II, Jimmy, Ramcharger, Cherokee, Trailduster, Scout)

Van Based Light Trucks ($\leq 10,000$ lbs GVWR)

- (20) Minivan (Lumina APV, Astro, Caravan, Plymouth Vista, Aerostar, Safari, Voyager [84 and after], Dodge Vista, Mini Ram Van, Toyota Cargo Van, Toyota Van, Vanagon, VW Bus, Kombi)
- (21) Standard van (Sportvan, Chevy Van, Club Wagon, Ford Econoline, Ram Van, Chateau, Ram Wagon, Vandura, Rally, Voyager [83 and before], Beauville, Sportsman)
- (28) Other van type (specify): _____
- (29) Unknown van type

Light Conventional Trucks (Pickup Style Cab, 10,000 lbs GVWR)

- (30) Compact pickup (<4,500 lbs. GVWR, S-10, LUV, Ram 50, Rampage, Courier, Ranger, S-15 Pup, Mazda Pickup, Mitsubishi Truck, Nissan Pickup, Arrow Pickup, Scamp, Toyota Pickup, VW Pickup)
- (31) Standard pickup (4,500 to 10,000 lbs. GVWR, C10 - C30, K10 - K30, T10, D100 - D350, W150 - W350, F100 - F350, Comanche, J10 - J30, Dakota)
- (32) Pickup with slide-in camper
- (33) Truck based station wagon (4-door; includes Suburban, Travelall, Wagoneer)
- (34) Light truck based suburban limousine
- (35) Convertible pickup
- (39) Unknown (pickup style) light conventional truck type

Other Light Trucks ($\leq 10,000$ lbs GVWR)

- (40) Cab chassis based (includes rescue vehicle, light stake, dump, and tow truck)
- (41) Truck based panel
- (42) Light truck based motorhome (chassis mounted)
- (47) Other light conventional truck type (not a pickup) (specify): _____
- (48) Unknown other light truck type (not a pickup)
- (49) Unknown light vehicle type (automobile, van, or light truck)

OTHER VEHICLES

Buses (Excludes Van Based)

- (50) School bus (designed to carry students, not cross country or transit)
- (58) Other bus type (e.g., transit, intercity, bus based motorhome) (specify): _____

-
- (59) Unknown bus type

Medium/Heavy Trucks (>10,000 lbs GVWR)

- (60) Step van
- (61) Single unit straight truck (10,000 lbs < GVWR $\leq 26,000$ lbs)
- (62) Single unit straight truck (>26,000 lbs GVWR)
- (63) Medium/heavy truck based motorhome
- (64) Truck-tractor with no cargo trailer
- (65) Truck-tractor pulling one trailer
- (66) Truck-tractor pulling two or more trailers
- (67) Truck-tractor (unknown if pulling trailer)
- (68) Unknown medium/heavy truck type
- (69) Unknown truck type (light/medium/heavy)

Motored Cycles (Does Not Include All-Terrain Vehicles/Cycles)

- (70) Motorcycle
- (71) Moped (motorized bicycle)
- (78) Other motored cycle type (minibike, motorscooter) (specify): _____

-
- (79) Unknown motored cycle type

Other Vehicles

- (80) ATV (All-Terrain Vehicle) and ATC (All-Terrain Cycle)
- (88) Other vehicle type (specify): _____

-
- (99) Unknown body type

National Accident Sampling System – Crashworthiness Data System: General Vehicle Form

Page 2

OCCUPANT RELATED16. Driver Presence in Vehicle 1

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle 01

- (00-96) Code actual number of occupants for this vehicle
(97) 97 or more
(99) Unknown

18. Number of Occupant Forms Submitted 01**VEHICLE WEIGHT ITEMS**19. Vehicle Curb Weight 02,800

278 Code weight to nearest 100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source: 20. Vehicle Cargo Weight 0000

0 Code weight to nearest 100 pounds.

- (00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA21. Towed Trailing Unit 0

- (0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data for This Vehicle 0

- (0) No
(1) Yes

23. Post Collision Condition of Tree or Pole (for Highest Delta V) 0

- (0) Not collision (for highest delta V) with tree or pole
(1) Not damaged
(2) Cracked/sheared
(3) Tilted <45 degrees
(4) Tilted ≥45 degrees
(5) Uprooted tree
(6) Separated pole from base
(7) Pole replaced
(8) Other (specify): _____

(9) Unknown

24. Rollover 0

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
(2) Rollover, 2 quarter turns
(3) Rollover, 3 quarter turns
(4) Rollover, 4 or more quarter turns (specify): _____

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)

- (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)25. Front Override/Underride (this vehicle) 026. Rear Override/Underride (this vehicle) 0

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify): _____

Underride (see specific CDC)

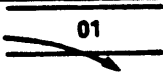
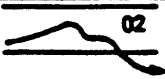
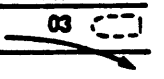
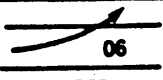
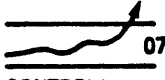
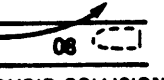
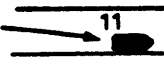
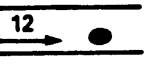

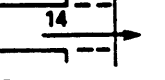
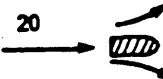
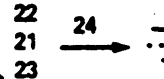
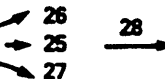
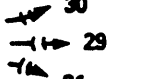
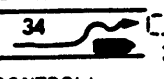
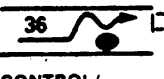

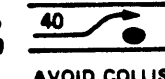
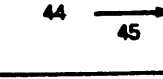
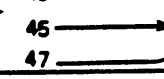
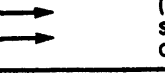
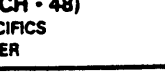

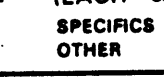

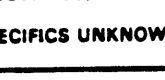





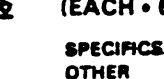

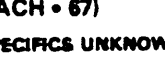

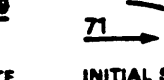


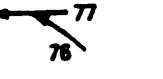
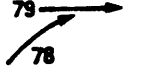
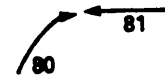


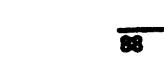

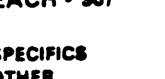



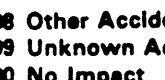
- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify): _____

- (7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

27. Heading Angle for This Vehicle 36028. Heading Angle for Other Vehicle 270

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|---|-----------------------------|--|---|--|---|--|
| I. Single Driver | A. Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B. Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C. Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II. Same Trafficway Same Direction | D. Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 25, 26, 27 |  24 DECEL. 28, 30, 31 |  26 AVOID COLLISION WITH VEH. | (EACH • 32) SPECIFICS OTHER (EACH • 33) SPECIFICS UNKNOWN |
| | E. Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH • 42) SPECIFICS OTHER (EACH • 43) SPECIFICS UNKNOWN |
| | F. Sideswipe Angle |  44 45 46 47 |  46 45 47 |  48 45 47 |  49 45 47 | (EACH • 48) SPECIFICS OTHER (EACH • 49) SPECIFICS UNKNOWN |
| III. Same Trafficway Opposite Direction | G. Head-On |  50 LATERAL MOVE |  51 LATERAL MOVE |  52 LATERAL MOVE |  53 LATERAL MOVE | (EACH • 52) SPECIFICS OTHER (EACH • 53) SPECIFICS UNKNOWN |
| | H. Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH • 62) SPECIFICS OTHER (EACH • 63) SPECIFICS UNKNOWN |
| | I. Sideswipe Angle |  64 LATERAL MOVE |  65 LATERAL MOVE |  66 LATERAL MOVE |  67 LATERAL MOVE | (EACH • 66) SPECIFICS OTHER (EACH • 67) SPECIFICS UNKNOWN |
| IV. Change Trafficway Vehicle Turning | J. Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  70 INITIAL SAME DIRECTIONS |  72 INITIAL SAME DIRECTIONS |  74 INITIAL SAME DIRECTIONS | (EACH • 74) SPECIFICS OTHER (EACH • 75) SPECIFICS UNKNOWN |
| | K. Turn Into Path |  77 TURN INTO SAME DIRECTION |  79 TURN INTO SAME DIRECTION |  81 TURN INTO OPPOSITE DIRECTIONS |  83 TURN INTO OPPOSITE DIRECTIONS | (EACH • 84) SPECIFICS OTHER (EACH • 85) SPECIFICS UNKNOWN |
| V. Intersecting Paths (Vehicle Damage) | L. Straight Paths |  87 STRAIGHT PATHS |  89 STRAIGHT PATHS |  90 STRAIGHT PATHS |  91 STRAIGHT PATHS | (EACH • 90) SPECIFICS OTHER (EACH • 91) SPECIFICS UNKNOWN |
| VI. Miscellaneous | M. Backing Etc. |  92 BACKING VEH. |  93 OTHER VEH. OR OBJECT |  98 OTHER ACCIDENT TYPE |  99 UNKNOWN ACCIDENT TYPE | 00 No Impact |

National Accident Sampling System—Crashworthiness Data System: General Vehicle Form

Page 3

29. Basis for Total Delta V (Highest) 1

Delta V Calculated

- (1) CRASH program—damage only routine
- (2) CRASH program—damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

30. Total Delta V

Secondary Highest

11.1 Nearest mph

(NOTE: 00 means less than
0.5 mph)
(97) 96.5 mph and above
(99) Unknown

31. Longitudinal Component of Delta V

-5.5 Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__ 99) Unknown

32. Lateral Component of Delta V

Secondary Highest

-9.6 Nearest mph

(NOTE: __00 means greater than
-0.5 and less than +0.5 mph)
(± 97) ± 96.5 mph and above
(__ 99) Unknown

33. Energy Absorption

25521.7 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
(9997) 999,650 foot-lbs or more
(9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

- (0) No reconstruction
- (1) Collision fits model—results appear reasonable
- (2) Collision fits model—results appear high
- (3) Collision fits model—results appear low
- (4) Borderline reconstruction—results appear reasonable

35. Type of Vehicle Inspection

- (0) No Inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

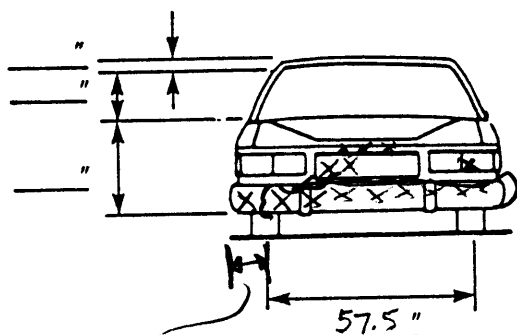
36. Is this an AOPS Vehicle?

- (0) No
- (1) Yes

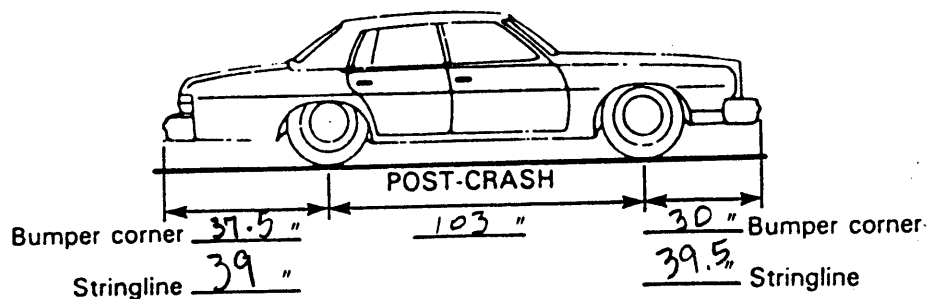
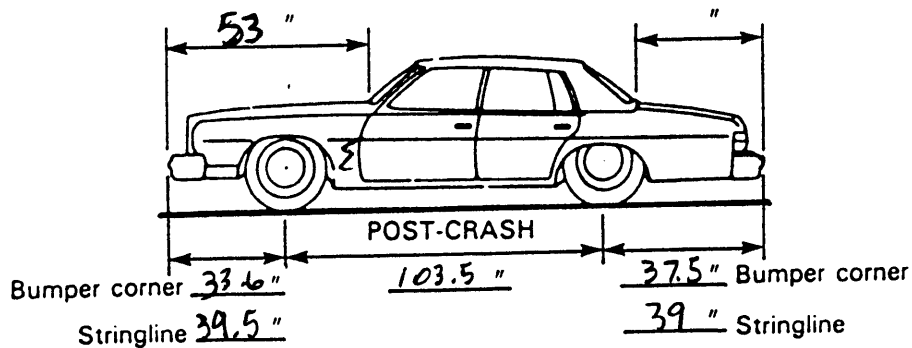
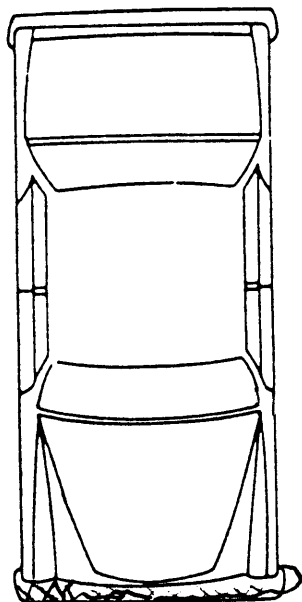
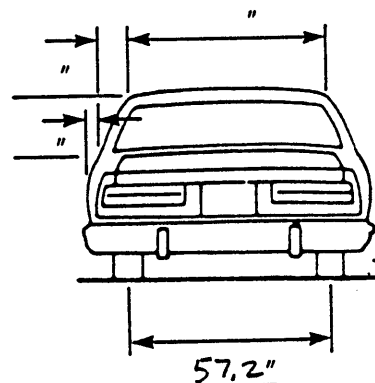
*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

VEHICLE DAMAGE SKETCH

| | | | | | | | |
|---|--|---|--|--|--|--|--|
| TIRE—WHEEL DAMAGE a. Rotation physically restricted RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> (1) Yes (2) No (8) NA (9) Unk. | | b. Tire deflated RF <u>2</u> LF <u>2</u> RR <u>2</u> LR <u>2</u> | | ORIGINAL SPECIFICATIONS Wheelbase <u>103.3</u> Overall Length <u>181.2</u> Maximum Width <u>67.3</u> Curb Weight <u>2789</u> Average Track <u>57.4</u> Front Overhang <u>39</u> Rear Overhang <u>39</u> Engine Size: cyl./ displ. <u>4/2.5L</u> Undeformed End Width <u>57</u> | | WHEEL STEER ANGLES (For locked front wheels or displaced rear axles only) RF \pm <u>00</u> ° LF \pm <u>+</u> ° RR \pm <u>+</u> ° LR \pm <u>+</u> ° Within ± 5 degrees | |
| TYPE OF TRANSMISSION <input type="checkbox"/> Manual <input checked="" type="checkbox"/> Automatic | | | | DRIVE WHEELS <input checked="" type="checkbox"/> FWD <input type="checkbox"/> RWD <input type="checkbox"/> 4WD | | Approximate Cargo Weight <u>0</u> | |



BUMPER
SHIFTED
8" TO LEFT



NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.
Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

**NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM**

VEHICLE IDENTIFICATION

LOCATOR

CRUSH PROFILE

Use as many lines/columns as necessary to describe each damage profile.

37

CDC WORKSHEET

CODES FOR OBJECT CONTACTED

01-30 – Vehicle Number

Noncollision

- (31) Overturn – rollover
 (32) Fire or explosion
 (33) Jackknife
 (34) Other intraunit damage (specify):

- (35) Noncollision injury
 (38) Other noncollision (specify):

(39) Noncollision – details unknown

Collision with Fixed Object

- (41) Tree (≤ 4 inches in diameter)
 (42) Tree (> 4 inches in diameter)
 (43) Shrubbery or bush
 (44) Embankment

(45) Breakaway pole or post (any diameter)

Nonbreakaway Pole or Post

- (50) Pole or post (≤ 4 inches in diameter)
 (51) Pole or post (> 4 but ≤ 12 inches in diameter)
 (52) Pole or post (> 12 inches in diameter)
 (53) Pole or post (diameter unknown)

- (54) Concrete traffic barrier
 (55) Impact attenuator
 (56) Other traffic barrier (specify):

- (57) Fence
 (58) Wall
 (59) Building
 (60) Ditch or Culvert
 (61) Ground
 (62) Fire hydrant
 (63) Curb
 (64) Bridge
 (68) Other fixed object (specify):

(69) Unknown fixed object

Collision With Nonfixed Object

- (71) Motor vehicle not in transport
 (72) Pedestrian
 (73) Cyclist or cycle
 (74) Other nonmotorist or conveyance (specify):

- (75) Vehicle occupant
 (76) Animal
 (77) Train
 (78) Trailer, disconnected in transport
 (88) Other nonfixed object (specify):

(89) Unknown nonfixed object

(98) Other event (specify):

(99) Unknown event or object

DEFORMATION CLASSIFICATION BY EVENT NUMBER

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force (degrees) | Incremental Value of Shift | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|---|----------------------------------|--------------------------------|---|---|--|------------------------------|
| <u>01</u> | <u>02</u> | <u>060</u> | <u>00</u> | <u>F</u> | <u>D</u> | <u>E</u> | <u>W</u> | <u>01</u> |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |

National Accident Sampling System – Crashworthiness Data System: Exterior Vehicle Form

Page 4

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>02</u> | 6. <u>02</u> | 7. <u>F</u> | 8. <u>D</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>01</u> |

Second Highest Delta "V"

| | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 12. <u> </u> | 13. <u> </u> | 14. <u> </u> | 15. <u> </u> | 16. <u> </u> | 17. <u> </u> | 18. <u> </u> | 19. <u> </u> |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

| 20. <u>L</u> | 21. <u>C1</u> | <u>C2</u> | <u>C3</u> | <u>C4</u> | <u>C5</u> | <u>C6</u> | 22. <u>-</u> <u>- D</u> |
|-----------------|------------------|-----------|-----------|-----------|-----------|-----------|----------------------------|
| <u>055</u> | <u>01</u> | <u>01</u> | <u>02</u> | <u>02</u> | <u>04</u> | <u>04</u> | <u>000</u> |

Second Highest Delta "V"

| 23. <u>L</u> | 24. <u>C1</u> | <u>C2</u> | <u>C3</u> | <u>C4</u> | <u>C5</u> | <u>C6</u> | 25. <u>+</u> <u>- D</u> |
|-----------------|------------------|------------|------------|------------|------------|------------|----------------------------|
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

26. Are CDCs Documented but Not Coded on The Automated File
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

1

28. Original Wheelbase
103.3 Code to the nearest tenth of an inch
(9999) Unknown

103.3

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.



INTERIOR VEHICLE FORM

1. Primary Sampling Unit Number

NCST

2. Case Number - Stratum

9 0 0 2

3. Vehicle Number

0 1

INTEGRITY

4. Passenger Compartment Integrity

0 0

(00) No integrity loss

Yes, Integrity Was Lost Through

(01) Windshield

(02) Door (side)

(03) Door/hatch (rear)

(04) Roof

(05) Roof glass

(06) Side window

(07) Rear window

(08) Roof and roof glass

(09) Windshield and door (side)

(10) Windshield and roof

(11) Side and rear window

(12) Windshield and side window

(13) Door and side window

(98) Other combination of above (specify):

(99) Unknown

Door, Tailgate Or Hatch Opening

5. LF 1 6. RF 1 7. LR 1 8. RR 1 9. TG/H 0

(0) No door/gate/hatch

(1) Door/gate/hatch remained closed and operational

(2) Door/gate/hatch came open during collision

(3) Door/gate/hatch jammed shut

(8) Other (specify):

(9) Unknown

Damage/Failure Associated with Door, Tailgate or Hatch Opening in Collision. If IV05-IV09 ≠ 2, Then Code 0.

10. LF 1 11. RF 1 12. LR 1 13. RR 1 14. TG/H 0

(0) No door/gate/hatch or door not opened

Door, Tailgate, or Hatch Came Open During Collision

(1) Door operational (no damage)

(2) Latch/striker failure due to damage

(3) Hinge failure due to damage

(4) Door structure failure due to damage

(5) Door support (i.e., pillar, sill, roof side rail, etc.) failure due to damage

(6) Latch/striker and hinge failure due to damage

(8) Other failure (specify):

(9) Unknown

GLAZING

Glazing Damage from Impact Forces

15. WS 0 16. LF 0 17. RF 0 18. LR 0 19. RR 0

20. BL 0 21. Roof 0 22. Other 0

(0) No glazing damage from impact forces

(2) Glazing in place and cracked from impact forces

(3) Glazing in place and holed from impact forces

(4) Glazing out-of-place (cracked or not) and not holed from impact forces

(5) Glazing out-of-place and holed from impact forces

(6) Glazing disintegrated from impact forces

(7) Glazing removed prior to accident

(8) No glazing

(9) Unknown if damaged

Glazing Damage from Occupant Contact

23. WS 0 24. LF 0 25. RF 0 26. LR 0 27. RR 0

28. BL 0 29. Roof 0 30. Other 0

(0) No occupant contact to glazing or no glazing

(1) Glazing contacted by occupant but no glazing damage

(2) Glazing in place and cracked by occupant contact

(3) Glazing in place and holed by occupant contact

(4) Glazing out-of-place (cracked or not) by occupant contact and not holed by occupant contact

(5) Glazing out-of-place by occupant contact

and holed by occupant contact

(6) Glazing disintegrated by occupant contact

(9) Unknown if contacted by occupant

If No Glazing Damage **And** No Occupant Contact or No Glazing, Then Code IV 31 Through IV 46 As 0

Type of Window/Windshield Glazing

31. WS 0 32. LF 0 33. RF 0 34. LR 0 35. RR 0

36. BL 0 37. Roof 0 38. Other 0

(0) No glazing contact and no damage, or no glazing

(1) AS-1 - Laminated

(2) AS-2 - Tempered

(3) AS-3 - Tempered-tinted

(4) AS-14 - Glass/Plastic

(8) Other (specify):

(9) Unknown

Window Precrash Glazing Status

39. WS 0 40. LF 0 41. RF 0 42. LR 0 43. RR 0

44. BL 0 45. Roof 0 46. Other 0

(0) No glazing contact and no damage, or no glazing

(1) Fixed

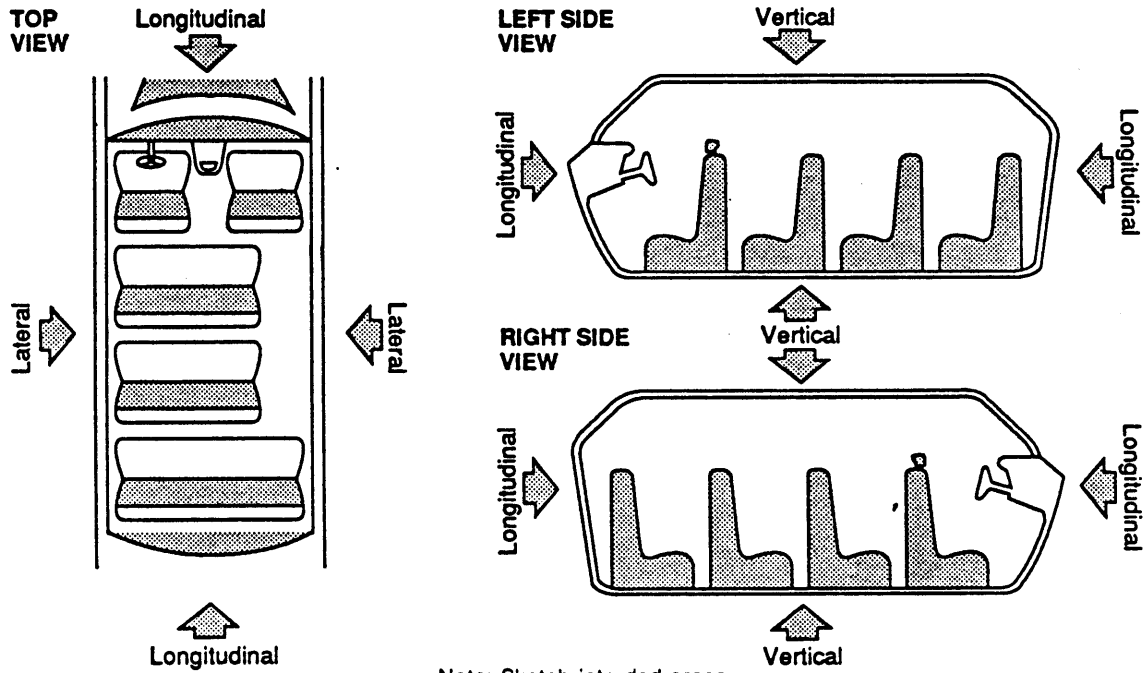
(2) Closed

(3) Partially opened

(4) Fully opened

(9) Unknown

INTRUSION WORK SHEET



| LOCATION OF INTRUSION | INTRUDED COMPONENT | COMPARISON VALUE | - | INTRUDED VALUE | = | INTRUSION | DOMINANT CRUSH DIRECTION |
|-----------------------|--------------------|------------------|---|----------------|---|-----------|--------------------------|
| NONE | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |
| | | | - | | = | | |

Document no more than the 15 most severe intrusions

OCCUPANT AREA INTRUSION

Note: If no intrusions, leave variables IV 47-IV 86 blank.

| | <u>Location of Intrusion</u> | <u>Intruding Component</u> | <u>Magnitude of Intrusion</u> | <u>Dominant Crush Direction</u> |
|------|------------------------------|----------------------------|-------------------------------|---------------------------------|
| 1st | 47.____ | 48.____ | 49.____ | 50.____ |
| 2nd | 51.____ | 52.____ | 53.____ | 54.____ |
| 3rd | 55.____ | 56.____ | 57.____ | 58.____ |
| 4th | 59.____ | 60.____ | 61.____ | 62.____ |
| 5th | 63.____ | 64.____ | 65.____ | 66.____ |
| 6th | 67.____ | 68.____ | 69.____ | 70.____ |
| 7th | 71.____ | 72.____ | 73.____ | 74.____ |
| 8th | 75.____ | 76.____ | 77.____ | 78.____ |
| 9th | 79.____ | 80.____ | 81.____ | 82.____ |
| 10th | 83.____ | 84.____ | 85.____ | 86.____ |

LOCATION OF INTRUSION**Front Seat**

- (11) Left
(12) Middle
(13) Right

Second Seat

- (21) Left
(22) Middle
(23) Right

Third Seat

- (31) Left
(32) Middle
(33) Right

Fourth Seat

- (41) Left
(42) Middle
(43) Right

- (97) Catastrophic
(98) Other enclosed area (specify): _____

- (99) Unknown

INTRUDING COMPONENT**Interior Components**

- (01) Steering assembly
(02) Instrument panel left
(03) Instrument panel center
(04) Instrument panel right
(05) Toe pan
(06) A-pillar
(07) B-pillar
(08) C-pillar
(09) D-pillar
(10) Door panel
(12) Roof (or convertible top)
(13) Roof side rail
(14) Windshield
(15) Windshield header
(16) Window frame
(17) Floor pan
(18) Backlight header
(19) Front seat back
(20) Second seat back
(21) Third seat back
(22) Fourth seat back
(23) Fifth seat back
(24) Seat cushion
(25) Back panel or door surface
(26) Other interior component (specify): _____

- (27) Side panel - forward of the A-pillar
(28) Side panel - rear of the A-pillar

Exterior Components

- (30) Hood
(31) Outside surface of vehicle (specify): _____
(32) Other exterior object in the environment (specify): _____
(33) Unknown exterior object
(97) Catastrophic
(98) Intrusion of unlisted component(s) (specify): _____
(99) Unknown

MAGNITUDE OF INTRUSION

- (1) ≥ 1 inch but < 3 inches
(2) ≥ 3 inches but < 6 inches
(3) ≥ 6 inches but < 12 inches
(4) ≥ 12 inches but < 18 inches
(5) ≥ 18 inches but < 24 inches
(6) ≥ 24 inches
(7) Catastrophic
(9) Unknown

DOMINANT CRUSH DIRECTION

- (1) Vertical
(2) Longitudinal
(3) Lateral
(7) Catastrophic
(9) Unknown

STEERING COLUMN

87. Steering Column Type 2

- (1) Fixed column
 (2) Tilt column
 (3) Telescoping column
 (4) Tilt and telescoping column
 (8) Other column type (specify):

(9) Unknown

If PDOF \neq 11, 12 or 1, Then Code IV88-IV91 As 9688. Steering Column Collapse Due to Occupant Loading 8 1

_____ Code actual measured movement to the nearest inch. See coding manual for measurement technique(s).

(00) No movement, compression, or collapse

(01-19) Actual measured value

(20) 20 inches or greater

Estimated movement from observation

(81) Less than 1 inch

(82) \geq 1 inch but $<$ 2 inches(83) \geq 2 inches but $<$ 4 inches(84) \geq 4 inches but $<$ 6 inches(85) \geq 6 inches but $<$ 8 inches

(86) Greater than or equal to 8 inches

(96) Not assessed (PDOF \neq 11, 12, 1)

(97) Apparent movement, value undetermined or cannot be measured or estimated

(98) Nonspecified type column

(99) Unknown

Direction And Magnitude of Steering Column Movement

89. Vertical Movement + 0 090. Lateral Movement + 0 091. Longitudinal Movement + 0 0

Code the actual measured movement to the nearest inch. See Coding Manual for measurement technique(s)

(00) No steering column movement

(\pm 01 – \pm 49) Actual measured value(\pm 50) 50 inches or greater

Estimated movement from observation

(\pm 81) \geq 1 inch but $<$ 3 inches(\pm 82) \geq 3 inches but $<$ 6 inches(\pm 83) \geq 6 inches but $<$ 12 inches(\pm 84) \geq 12 inches(96) Not assessed (PDOF \neq 11, 12, 1)(97) Apparent movement $>$ 1 inch but cannot be measured or estimated

(99) Unknown

92. Steering Rim/Spoke Deformation 6

_____ Code actual measured deformation to the nearest inch.

(0) No steering rim deformation

(1-5) Actual measured value

(6) 6 inches or more

(8) Observed deformation cannot be measured

(9) Unknown

93. Location of Steering Rim/Spoke Deformation 0 0

(00) No steering rim deformation

Quarter Sections

(01) Section A

(02) Section B

(03) Section C

(04) Section D



Half Sections

(05) Upper half of rim/spoke

(06) Lower half of rim/spoke

(07) Left half of rim/spoke

(08) Right half of rim/spoke



(09) Complete steering wheel collapse

(10) Undetermined location

(99) Unknown

INSTRUMENT PANEL

94. Odometer Reading 0 0 2,000

2 277 miles—Code mileage to the nearest 1,000 miles

(000) No odometer

(001) Less than 1,500 miles

(300) 299,500 miles or more

(999) Unknown

Source: _____

95. Instrument Panel Damage from Occupant Contact? 0

(0) No

(1) Yes

(9) Unknown

96. Knee Bolsters Deformed from Occupant Contact? 0

(0) No

(1) Yes

(8) Not present

(9) Unknown

97. Did Glove Compartment Door Open During Collision(s)? 0

(0) No

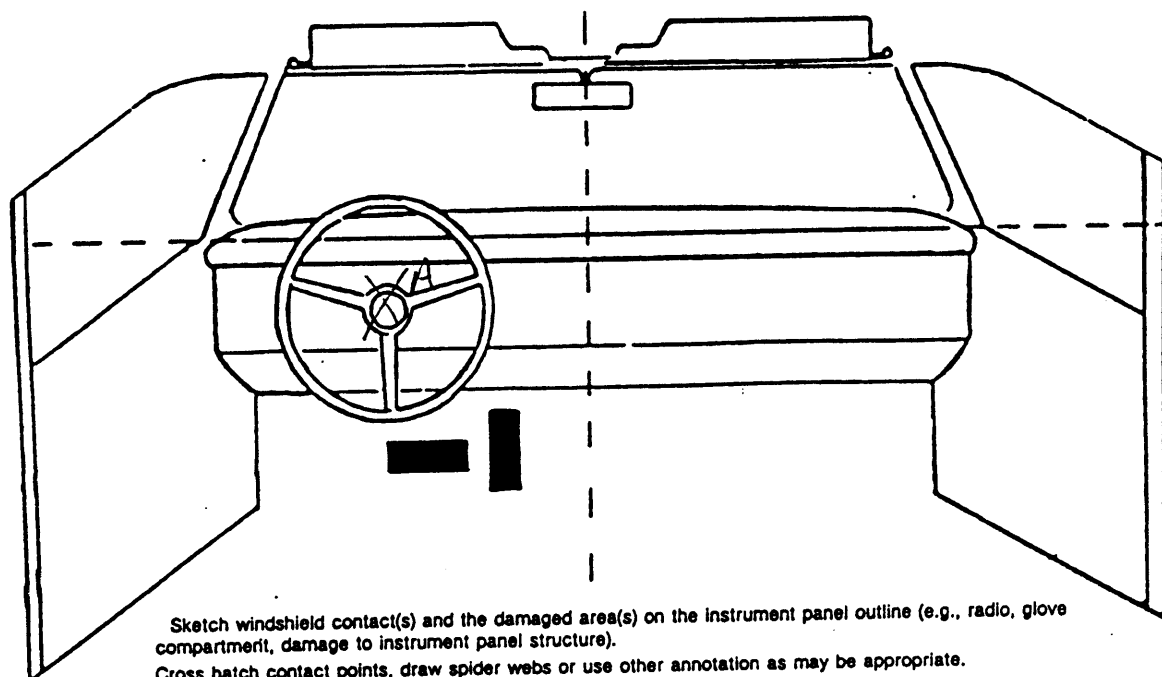
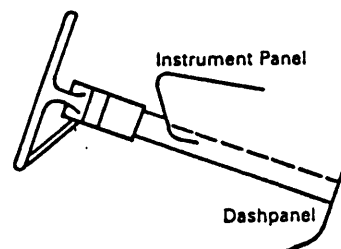
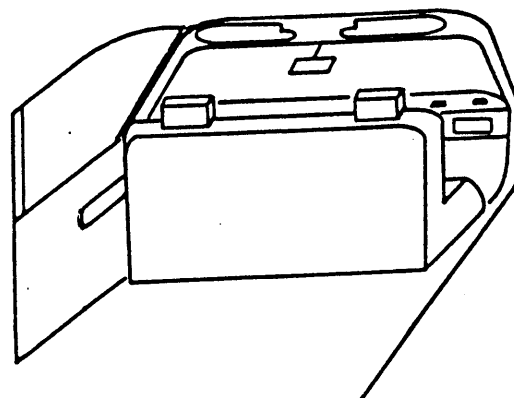
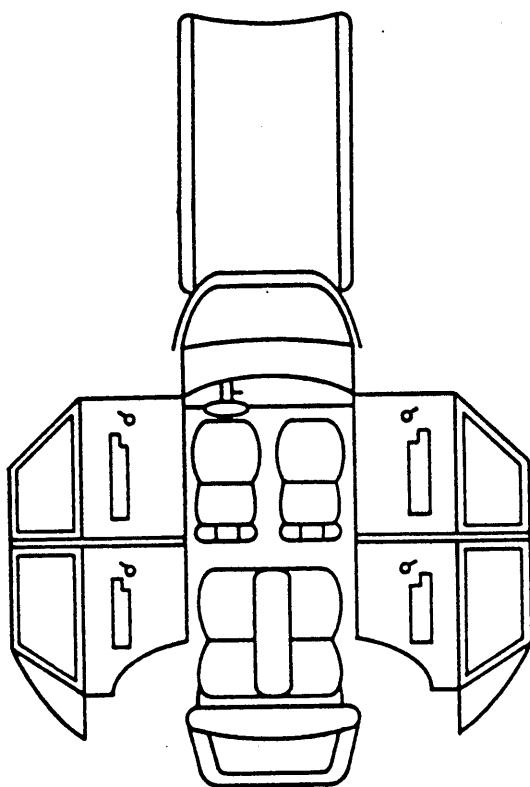
(1) Yes

(8) Not present

(9) Unknown

VEHICLE INTERIOR SKETCHES

Note area of ejection/entrapment



Sketch windshield contact(s) and the damaged area(s) on the instrument panel outline (e.g., radio, glove compartment, damage to instrument panel structure).
 Cross hatch contact points, draw spider webs or use other annotation as may be appropriate.
 Annotate the contacted area with a letter (begin with A) and list on the Points of Occupant Contact page.

POINTS OF OCCUPANT CONTACT

| Contact | Interior Component Contacted | Occupant No. If Known | Body Region If Known | Supporting Physical Evidence | Confidence Level of Contact Point |
|---------|------------------------------|-----------------------|----------------------|------------------------------|-----------------------------------|
| A | AIRBAG | 1 | F | SKIN TRANSFER | 1 |
| B | | | | | |
| C | | | | | |
| D | | | | | |
| E | | | | | |
| F | | | | | |
| G | | | | | |
| H | | | | | |
| I | | | | | |
| J | | | | | |
| K | | | | | |
| L | | | | | |
| M | | | | | |
| N | | | | | |

CODES FOR INTERIOR COMPONENTS

FRONT

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (05) Steering wheel hub/spoke
- (06) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add on equipment (e.g., CB, tape deck, air conditioner)
- (09) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify):

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify):

- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify):

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify):

- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (37) Other right side object (specify):

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify):

- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify):

- (47) Interior loose objects

- (48) Child safety seat (specify):

- (49) Other interior object (specify):

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top

FLOOR

- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify):

CONFIDENCE LEVEL OF CONTACT POINT

- (1) Certain
- (2) Probable
- (3) Possible
- (4) Unknown

AUTOMATIC RESTRAINTS

NOTES: Encode the data for each applicable front seat position. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|-----------------------|--------------|------|--------|-------|
| F I R S T | Availability | 1 | 0 | 0 |
| | Function | 4 | 0 | 0 |
| | Failure | 1 | 0 | 0 |

Automatic (Passive) Restraint System Availability

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____

- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

Automatic (Passive) Restraint Function

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

Did Automatic (Passive) Restraint Fail

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____
- (9) Unknown

MANUAL RESTRAINTS

NOTES: Encode the applicable data for each seat position in the vehicle. The attributes for the variables may be found below. Restraint systems should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

If a child safety seat is present, encode the data on the back of this page.

If the vehicle has automatic restraints available, encode the appropriate data on the back of the previous page.

| | | Left | Center | Right |
|--------|---------------|------|--------|-------|
| FIRST | Availability | 4 | 0 | 4 |
| | Use | 0 | 00 | 00 |
| | Failure Modes | 0 | 00 | 00 |
| SECOND | Availability | 4 | 3 | 4 |
| | Use | 00 | 00 | 00 |
| | Failure Modes | 00 | 00 | 00 |
| THIRD | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |
| OTHER | Availability | | | |
| | Use | | | |
| | Failure Modes | | | |

Manual (Active) Belt System Availability

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available — type unknown
- (8) Other belt (specify):

(9) Unknown

Manual (Active) Belt System Use

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify):

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used — type unknown

(08) Other belt used (specify):

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat — type unknown
- (18) Other belt used with child safety seat (specify):

(99) Unknown if belt used

Manual (Active) Belt Failure Modes During Accident

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify):

- (6) Broken retractor
- (7) Combination of above (specify):

(8) Other manual belt failure (specify):

(9) Unknown

CHILD SAFETY SEAT FIELD ASSESSMENT

When a child safety seat is present enter the occupant's number in the first row and complete the column below the occupant's number using the codes listed below. Complete a column for each child safety seat present.

| | | | | | | |
|------------------------------------|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| 1. Type of Child Safety Seat | 0 | | | | | |
| 2. Child Safety Seat Orientation | | | | | | |
| 3. Child Safety Seat Harness Usage | | | | | | |
| 4. Child Safety Seat Shield Usage | | | | | | |
| 5. Child Safety Seat Tether Usage | | | | | | |
| 6. Child Safety Seat Make/Model | Specify Below for Each Child Safety Seat | | | | | |

1. Type of Child Safety Seat

- (0) No child safety seat
 (1) Infant seat
 (2) Toddler seat
 (3) Convertible seat
 (4) Booster seat
 (7) Other type child safety seat (specify):

- (8) Unknown child safety seat type
 (9) Unknown if child safety seat used

2. Child Safety Seat Orientation

- (00) No child safety seat
 Designed for Rear Facing for This Age/Weight
 (01) Rear facing
 (02) Forward facing
 (03) Other orientation (specify):

(04) Unknown orientation

- Designed for Forward Facing for This Age/Weight
 (11) Rear facing
 (12) Forward facing
 (18) Other orientation (specify):

(19) Unknown orientation

- Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight
 (21) Rear facing
 (22) Forward facing
 (28) Other orientation (specify):

(29) Unknown orientation

- (99) Unknown if child safety seat used

3. Child Safety Seat Harness Usage**4. Child Safety Seat Shield Usage****5. Child Safety Seat Tether Usage**

Note: Options Below Are Used for Variables 3-5.

(00) No child safety seat

Not Designed with Harness/Shield/Tether

(01) After market harness/shield/tether added, not used

(02) After market harness/shield/tether used

(03) Child safety seat used, but no after market harness/shield/tether added

(09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

(11) Harness/shield/tether not used

(12) Harness/shield/tether used

(19) Unknown if harness/shield/tether used

Unknown if Designed with Harness/Shield/Tether

(21) Harness/shield/tether not used

(22) Harness/shield/tether used

(29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

6. Child Safety Seat Make/Model

(Specify make/model and occupant number)

HEAD RESTRAINTS/SEAT EVALUATION

NOTES: Encode the applicable data for **each seat position** in the vehicle. The attributes for these variables may be found at the bottom of the page. Head restraint type/damage and seat type/performance should be assessed during the vehicle inspection then coded on the Occupant Assessment Form.

| | | Left | Center | Right |
|----------------------------|----------------------------|------|--------|-------|
| F I R S T | Head Restraint Type/Damage | 3 | 0 | 3 |
| | Seat Type | 02 | 00 | 02 |
| | Seat Performance | 1 | 0 | 1 |
| S E C O N D | Head Restraint Type/Damage | 0 | 0 | 0 |
| | Seat Type | 03 | 03 | 03 |
| | Seat Performance | 1 | 1 | 1 |
| T H I R D | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |
| O T H E R | Head Restraint Type/Damage | | | |
| | Seat Type | | | |
| | Seat Performance | | | |

Head Restraint Type/Damage by Occupant at This Occupant Position

- (0) No head restraints
- (1) Integral — no damage
- (2) Integral — damaged during accident
- (3) Adjustable — no damage
- (4) Adjustable — damaged during accident
- (5) Add-on — no damage
- (6) Add-on — damaged during accident
- (8) Other (specify): _____
- (9) Unknown

Seat Type (This Occupant Position)

- (00) No seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify): _____
- (99) Unknown

Seat Performance (This Occupant Position)

- (0) No seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat tracks/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify): _____

- (7) Combination of above (specify): _____
- (8) Other (specify): _____

- (9) Unknown

DESCRIBE ANY INDICATION OF ABNORMAL OCCUPANT POSTURE (I.E. UNUSUAL OCCUPANT CONTACT PATTERN)

EJECTION/ENTRAPMENT DATA

Complete the following if the researcher has any indications that an occupant was either ejected from or entrapped in the vehicle. Code the appropriate data on the Occupant Assessment Form.

EJECTION No [☒] Yes []

Describe indications of ejection and body parts involved in partial ejection(s):

| | | | | | | |
|--|--|--|--|--|--|--|
| Occupant Number | | | | | | |
| Ejection | | | | | | |
| (Note on Vehicle Interior Sketch) Ejection Area | | | | | | |
| Ejection Medium | | | | | | |
| Medium Status | | | | | | |

Ejection

- (1) Complete ejection
- (2) Partial ejection
- (3) Ejection, unknown degree
- (9) Unknown

Ejection Area

- (1) Windshield
- (2) Left front
- (3) Right front
- (4) Left rear
- (5) Right rear
- (6) Rear

(7) Roof

- (8) Other area (e.g., back of pickup, etc.) (specify):

(9) Unknown**Ejection Medium**

- (1) Door/hatch/tailgate
- (2) Nonfixed roof structure
- (3) Fixed glazing
- (4) Nonfixed glazing (specify):

(5) Integral structure

- (8) Other medium (specify):

(9) Unknown**Medium Status (Immediately Prior to Impact)**

- (1) Open
- (2) Closed
- (3) Integral structure
- (9) Unknown

ENTRAPMENT No [☒] Yes []

Describe entrapment mechanism: _____

Component(s): _____

(Note in vehicle interior diagram)



OCCUPANT ASSESSMENT FORM

| | |
|--|--|
| <p>1. Primary Sampling Unit Number <u>NCSE</u></p> <p>2. Case Number—Stratum <u>90-02</u></p> <p>3. Vehicle Number <u>01</u></p> <p>4. Occupant Number <u>01</u></p> | <p>11. Occupant's Posture <u>1</u></p> <p>(0) Normal posture</p> <p>(1) Abnormal posture (specify): _____</p> <p>(9) Unknown</p> |
| OCCUPANT'S CHARACTERISTICS | |
| <p>5. Occupant's Age <u>19</u></p> <p>Code actual age at time of accident.</p> <p>(00) Less than one year old (specify by month): _____</p> <p>(97) 97 years and older</p> <p>(99) Unknown</p> | <p>12. Ejection <u>0</u></p> <p>(0) No ejection</p> <p>(1) Complete ejection</p> <p>(2) Partial ejection</p> <p>(3) Ejection, unknown degree</p> <p>(9) Unknown</p> |
| <p>6. Occupant's Sex <u>2</u></p> <p>(1) Male</p> <p>(2) Female</p> <p>(9) Unknown</p> | <p>13. Ejection Area <u>0</u></p> <p>(0) No ejection</p> <p>(1) Windshield</p> <p>(2) Left front</p> <p>(3) Right front</p> <p>(4) Left rear</p> <p>(5) Right rear</p> <p>(6) Rear</p> <p>(7) Roof</p> <p>(8) Other area (e.g., back of pickup, etc.)</p> <p>(specify): _____</p> <p>(9) Unknown</p> |
| <p>7. Occupant's Height <u>66</u></p> <p>Code actual height to the nearest inch.</p> <p>(99) Unknown</p> | <p>14. Ejection Medium <u>0</u></p> <p>(0) No ejection</p> <p>(1) Door/hatch/tailgate</p> <p>(2) Nonfixed roof structure</p> <p>(3) Fixed glazing</p> <p>(4) Nonfixed glazing (specify): _____</p> <p>(5) Integral structure</p> <p>(8) Other medium (specify): _____</p> <p>(9) Unknown</p> |
| <p>8. Occupant's Weight <u>125</u></p> <p>Code actual weight to the nearest pound.</p> <p>(999) Unknown</p> | <p>15. Medium Status (Immediately Prior to Impact) <u>2</u></p> <p>(0) No ejection</p> <p>(1) Open</p> <p>(2) Closed</p> <p>(3) Integral structure</p> <p>(9) Unknown</p> |
| <p>9. Occupant's Role <u>1</u></p> <p>(1) Driver</p> <p>(2) Passenger</p> <p>(9) Unknown</p> | <p>16. Entrapment <u>2</u></p> <p>(NOTE: Entrapped means that part of the person was in the vehicle and mechanically restrained; jammed doors and immobilizing injuries by themselves are not sufficient to constitute entrapment.)</p> <p>(0) Not entrapped</p> <p>(1) Entrapped</p> <p>(9) Unknown</p> |
| <p>10. Occupant's Seat Position <u>11</u></p> <p>Front Seat</p> <p>(11) Left side</p> <p>(12) Middle</p> <p>(13) Right side</p> <p>(14) Other (specify): _____</p> <p>Second Seat</p> <p>(21) Left side</p> <p>(22) Middle</p> <p>(23) Right side</p> <p>(24) Other (specify): _____</p> <p>Third Seat</p> <p>(31) Left side</p> <p>(32) Middle</p> <p>(33) Right side</p> <p>(34) Other (specify): _____</p> <p>Fourth Seat</p> <p>(41) Left side</p> <p>(42) Middle</p> <p>(43) Right side</p> <p>(44) Other (specify): _____</p> <p>(97) In or on unenclosed area</p> <p>(98) Other seat (specify): _____</p> <p>(99) Unknown</p> | |

RESTRAINT SYSTEM AND SEAT EVALUATION**17. Manual (Active) Belt System Availability** 4

- (0) Not available
- (1) Belt removed/destroyed
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt available—type unknown
- (8) Other belt (specify): _____

(9) Unknown

18. Manual (Active) Belt System Use 00

- (00) None used, not available, or belt removed/destroyed
- (01) Inoperative (specify): _____

- (02) Shoulder belt
- (03) Lap belt
- (04) Lap and shoulder belt
- (05) Belt used—type unknown
- (08) Other belt used (specify): _____

- (12) Shoulder belt used with child safety seat
- (13) Lap belt used with child safety seat
- (14) Lap and shoulder belt used with child safety seat
- (15) Belt used with child safety seat—type unknown
- (18) Other belt used with child safety seat (specify): _____

(99) Unknown if belt used

19. Proper Use of Manual (Active) Belts 0

- (0) None used or not available
- (1) Belt used properly
- (2) Belt used properly with child safety seat

Belt Used Improperly

- (3) Shoulder belt worn under arm
- (4) Shoulder belt worn behind back or seat
- (5) Belt worn around more than one person
- (6) Lap belt worn on abdomen
- (7) Lap belt or lap and shoulder belt used improperly with child safety seat (specify): _____

(8) Other improper use of manual belt system (specify): _____

(9) Unknown

20. Manual (Active) Belt Failure Modes During Accident 0

- (0) No manual belt used or not available
- (1) No manual belt failure(s)
- (2) Torn webbing (stretched webbing not included)
- (3) Broken buckle or latchplate
- (4) Upper anchorage separated
- (5) Other anchorage separated (specify): _____

- (6) Broken retractor
- (7) Combination of above (specify): _____

(8) Other manual belt failure (specify): _____

(9) Unknown

21. Automatic (Passive) Restraint System Availability 1

- (0) Not equipped/not available
- (1) Airbag
- (2) Airbag disconnected (specify): _____

- (3) Airbag not reinstalled
- (4) 2 point automatic belts
- (5) 3 point automatic belts
- (6) Automatic belts destroyed or rendered inoperative
- (9) Unknown

22. Automatic (Passive) Restraint Function 4

- (0) Not equipped/not available

Automatic Belt

- (1) Automatic belt in use
- (2) Automatic belt not in use
- (3) Automatic belt use unknown

Air Bag

- (4) Airbag deployed during accident
- (5) Airbag deployed inadvertently just prior to accident
- (6) Deployed, accident sequence undetermined
- (7) Nondeployed
- (8) Unknown if deployed
- (9) Unknown

23. Did Automatic (Passive) Restraint Fail? 1

- (0) Not equipped/not available
- (1) No
- (2) Yes (specify): _____

(9) Unknown

24. Police Reported Restraint Use 9

- (0) None used
- (1) Police did not indicate restraint use
- (2) Shoulder belt
- (3) Lap belt
- (4) Lap and shoulder belt
- (5) Belt used, type not specified
- (6) Child safety seat
- (7) Other or automatic restraint (specify): _____

- (8) Restrained, type unknown
- (9) Police indicated "unknown"

25. Head Restraint Type/Damage by Occupant at This Occupant Position 3

- (0) No head restraints
- (1) Integral—no damage
- (2) Integral—damaged during accident
- (3) Adjustable—no damage
- (4) Adjustable—damaged during accident
- (5) Add-on—no damage
- (6) Add-on—damaged during accident
- (8) Other (specify): _____

(9) Unknown

26. Seat Type (This Occupant Position) 02

- (00) Occupant not seated or no seat
- (01) Bucket
- (02) Bucket with folding back
- (03) Bench
- (04) Bench with separate back cushions
- (05) Bench with folding back(s)
- (06) Split bench with separate back cushions
- (07) Split bench with folding back(s)
- (08) Pedestal (i.e., van type)
- (09) Other seat type (specify):

(99) Unknown

27. Seat Performance (This Occupant Position) 1

- (0) Occupant not seated or no seat
- (1) No seat performance failure(s)
- (2) Seat adjusters failed
- (3) Seat back folding locks failed
- (4) Seat track/anchors failed
- (5) Deformed by impact of occupant
- (6) Deformed by passenger compartment intrusion (specify):

(7) Combination of above (specify):

(8) Other (specify):

(9) Unknown

CHILD SAFETY SEAT**28. Child Safety Seat Make/Model** 000

- (000) No child safety seat
- Applicable codes are found in your NASS CDS Data Collection, Coding, and Editing Manual
- (997) Other make/model (specify):

(998) Unknown make/model

(999) Unknown if child safety seat used

29. Type of Child Safety Seat 0

- (0) No child safety seat
- (1) Infant seat
- (2) Toddler seat
- (3) Convertible seat
- (4) Booster seat
- (7) Other type child safety seat (specify):

(8) Unknown child safety seat type

(9) Unknown if child safety seat used

30. Child Safety Seat Orientation 00

- (00) No child safety seat

Designed for Rear Facing for This Age/Weight

- (01) Rear facing
- (02) Forward facing
- (08) Other orientation (specify):

(09) Unknown orientation

Designed for Forward Facing for This Age/Weight

- (11) Rear facing
- (12) Forward facing
- (18) Other orientation (specify):

(19) Unknown orientation

Unknown Design or Orientation for This Age/Weight, or Unknown Age/Weight

- (21) Rear facing
- (22) Forward facing
- (28) Other orientation (specify):

(29) Unknown orientation

(99) Unknown if child safety seat used

31. Child Safety Seat Harness Usage 00**32. Child Safety Seat Shield Usage** 00**33. Child Safety Seat Tether Usage** 00

Note: Options below applicable to Variables OA31-OA33.

- (00) No child safety seat

Not Designed with
Harness/Shield/Tether

- (01) After market harness/shield/tether added, not used
- (02) After market harness/shield/tether used
- (03) Child safety seat used, but no after market harness/shield/tether added
- (09) Unknown if harness/shield/tether added or used

Designed with Harness/Shield/Tether

- (11) Harness/shield/tether not used
- (12) Harness/shield/tether used
- (19) Unknown if harness/shield/tether used

Unknown If Designed with Harness/Shield/Tether

- (21) Harness/shield/tether not used
- (22) Harness/shield/tether used
- (29) Unknown if harness/shield/tether used

(99) Unknown if child safety seat used

National Accident Sampling System—Crashworthiness Data System: Occupant Assessment Form

Page 4

INJURY CONSEQUENCES

34. Injury Severity (Police Rating) 2

- (0) O—No injury
- (1) C—Possible injury
- (2) B—Nonincapacitating injury
- (3) A—Incapacitating injury
- (4) K—Killed
- (5) U—Injury, severity unknown
- (6) Died prior to accident
- (9) Unknown

35. Treatment—Mortality 4

- (0) No treatment
- (1) Fatal
- (2) Fatal—ruled disease

Nonfatal

- (3) Hospitalized
- (4) Transported and released
- (5) Treatment at scene—nontransported
- (6) Treatment later
- (8) Treatment—other (specify):

(9) Unknown

36. Type of Medical Facility (for Initial Treatment) 3

- (0) Not treated at a medical facility
- (1) Trauma center
- (2) Hospital
- (3) Medical clinic
- (4) Physician's office
- (5) Treatment later at medical facility
- (8) Other (specify):

(9) Unknown

37. Hospital stay 00

- Code number of days (up through 60) that the occupant stayed in the hospital
- (00) Not hospitalized
- (61) 61 days or more
- (99) Unknown

38. Working Days Lost 97

- Code the number of days (up through 60) that the occupant lost from work due to the accident
- (00) No working days lost
- (61) 61 days or more
- (62) Fatally injured
- (97) Not working prior to accident
- (99) Unknown

39. Time to Death 00

- Code number of hours from time of accident to time of death up through 24 hours. If time of death is greater than 24 hours, code number of days. (Note: 1 day = 31, 2 days = 32, ... n days = 30 + n up through 30 days = 60)
- (00) Not fatal
- (96) Fatal—ruled disease
- (99) Unknown

40. 1st Medically Reported Cause of Death 0041. 2nd Medically Reported Cause of Death 0042. 3rd Medically Reported Cause of Death 00

- Code the Occupant Injury from line number(s) for the medically reported injury(s) which reportedly contributed to this occupant's death
- (00) Not fatal or no additional causes
- (97) Other result (specify):

(99) Unknown

43. Number of Recorded Injuries for This Occupant 01

- Code the actual number of injuries recorded for this occupant.
- (00) No recorded injuries
- (97) Injured, details unknown
- (99) Unknown if injured

UPDATE CANDIDATE

NO [☒]

YES []

*** STOP HERE ***

IF THERE ARE NO RECORDED INJURIES

(I.E., OA43=00, 97, 99)



U.S. Department of Transportation
National Highway Traffic Safety
Administration

BEST AVAILABLE COPY

Form Approved
O.M.B. No. 2127-0021
NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

OCCUPANT INJURY FORM

1. Primary Sampling Unit Number NCSI 3. Vehicle Number 01
2. Case Number—Stratum 90-02 4. Occupant Number 01

INJURY DATA

Record below the actual injuries sustained by this occupant that were identified from the official and unofficial data sources. Remember not to double count an injury just because it was identified from two different sources. If greater than ten injuries have been documented, encode the balance on the Occupant Injury Supplement.

| | Source of Injury Data | Body Region | Aspect | Lesion | System Organ | A.I.S. Severity | Injury Source | Injury Source Confidence Level | Direct/ Indirect Injury | Occupant Area Intrusion No. |
|------|-----------------------------|----------------|-------------|-------------|-----------------|--------------------|------------------|---|-------------------------------|--------------------------------|
| 1st | 5. <u>7</u> | 6. <u>E</u> | 7. <u>I</u> | 8. <u>L</u> | 9. <u>D</u> | 10. <u>1</u> | 11. <u>45</u> | 12. <u>1</u> | 13. <u>2</u> | 14. <u>00</u> |
| 2nd | 15. ____ | 16. ____ | 17. ____ | 18. ____ | 19. ____ | 20. ____ | 21. ____ | 22. ____ | 23. ____ | 24. ____ |
| 3rd | 25. ____ | 26. ____ | 27. ____ | 28. ____ | 29. ____ | 30. ____ | 31. ____ | 32. ____ | 33. ____ | 34. ____ |
| 4th | 35. ____ | 36. ____ | 37. ____ | 38. ____ | 39. ____ | 40. ____ | 41. ____ | 42. ____ | 43. ____ | 44. ____ |
| 5th | 45. ____ | 46. ____ | 47. ____ | 48. ____ | 49. ____ | 50. ____ | 51. ____ | 52. ____ | 53. ____ | 54. ____ |
| 6th | 55. ____ | 56. ____ | 57. ____ | 58. ____ | 59. ____ | 60. ____ | 61. ____ | 62. ____ | 63. ____ | 64. ____ |
| 7th | 65. ____ | 66. ____ | 67. ____ | 68. ____ | 69. ____ | 70. ____ | 71. ____ | 72. ____ | 73. ____ | 74. ____ |
| 8th | 75. ____ | 76. ____ | 77. ____ | 78. ____ | 79. ____ | 80. ____ | 81. ____ | 82. ____ | 83. ____ | 84. ____ |
| 9th | 85. ____ | 86. ____ | 87. ____ | 88. ____ | 89. ____ | 90. ____ | 91. ____ | 92. ____ | 93. ____ | 94. ____ |
| 10th | 95. ____ | 96. ____ | 97. ____ | 98. ____ | 99. ____ | 100. ____ | 101. ____ | 102. ____ | 103. ____ | 104. ____ |

SOURCE OF INJURY DATA**OFFICIAL**

- (1) Autopsy records with or without hospital medical records
- (2) Hospital medical records other than emergency room (e.g. discharge summary)
- (3) Emergency room records only (including associated X-rays or other lab reports)
- (4) Private physician, walk-in or emergency clinic

UNOFFICIAL

- (5) Lay coroner report
- (6) E.M.S. personnel
- (7) Interviewee
- (8) Other source (specify): _____
- (9) Police

INJURY SOURCE**FRONT**

- (01) Windshield
- (02) Mirror
- (03) Sunvisor
- (04) Steering wheel rim
- (06) Steering wheel hub/spoke
- (08) Steering wheel (combination of codes 04 and 05)
- (07) Steering column, transmission selector lever, other attachment
- (08) Add-on equipment (e.g., CB, tape deck, air conditioner)
- (08) Left instrument panel and below
- (10) Center instrument panel and below
- (11) Right instrument panel and below
- (12) Glove compartment door
- (13) Knee bolster
- (14) Windshield including one or more of the following: front header, A-pillar, instrument panel, mirror, or steering assembly (driver side only)
- (15) Windshield including one or more of the following: front header, A-pillar, instrument panel, or mirror (passenger side only)
- (16) Other front object (specify): _____

LEFT SIDE

- (20) Left side interior surface, excluding hardware or armrests
- (21) Left side hardware or armrest
- (22) Left A pillar
- (23) Left B pillar
- (24) Other left pillar (specify): _____
- (25) Left side window glass or frame

- (26) Left side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, or roof side rail
- (27) Other left side object (specify): _____

RIGHT SIDE

- (30) Right side interior surface, excluding hardware or armrests
- (31) Right side hardware or armrest
- (32) Right A pillar
- (33) Right B pillar
- (34) Other right pillar (specify): _____
- (35) Right side window glass or frame
- (36) Right side window glass including one or more of the following: frame, window sill, A-pillar, B-pillar, roof side rail
- (37) Other right side object (specify): _____

INTERIOR

- (40) Seat, back support
- (41) Belt restraint webbing/buckle
- (42) Belt restraint B-pillar attachment point
- (43) Other restraint system component (specify): _____
- (44) Head restraint system
- (45) Air bag
- (46) Other occupants (specify): _____
- (47) Interior loose objects
- (48) Child safety seat (specify): _____
- (49) Other interior object (specify): _____

ROOF

- (50) Front header
- (51) Rear header
- (52) Roof left side rail
- (53) Roof right side rail
- (54) Roof or convertible top
- (56) Floor including toe pan
- (57) Floor or console mounted transmission lever, including console
- (58) Parking brake handle
- (59) Foot controls including parking brake

REAR

- (60) Backlight (rear window)
- (61) Backlight storage rack, door, etc.
- (62) Other rear object (specify): _____

EXTERIOR OF OCCUPANT'S VEHICLE

- (65) Hood
- (66) Outside hardware (e.g., outside mirror, antenna)
- (67) Other exterior surface or tires (specify): _____
- (68) Unknown exterior objects

EXTERIOR OF OTHER MOTOR VEHICLE

- (70) Front bumper
- (71) Hood edge
- (72) Other front of vehicle (specify): _____
- (73) Hood
- (74) Hood ornament
- (75) Windshield, roof rail, A-pillar
- (76) Side surface
- (77) Side mirrors
- (78) Other side protrusions (specify): _____
- (79) Rear surface
- (80) Undercarriage
- (81) Tires and wheels
- (82) Other exterior of other motor vehicle (specify): _____

OTHER VEHICLE OR OBJECT IN THE ENVIRONMENT

- (83) Unknown exterior of other motor vehicle
- (84) Ground
- (85) Other vehicle or object (specify): _____
- (86) Unknown vehicle or object

NONCONTACT INJURY

- (90) Fire in vehicle
- (91) Flying glass
- (92) Other noncontact injury source (specify): _____
- (97) Injured, unknown source

INJURY SOURCE CONFIDENCE LEVEL

- (1) Certain
- (2) Probable
- (3) Possible
- (9) Unknown

DIRECT/INDIRECT INJURY

- (1) Direct contact injury
- (2) Indirect contact injury
- (3) Noncontact injury
- (7) Injured, unknown source

OCCUPANT INJURY CLASSIFICATION**O.I.C. Body Region**

- (M) Abdomen
- (K) Ankle-foot
- (A) Arm (upper)
- (B) Back-thoracolumbar spine
- (C) Chest
- (E) Elbow
- (F) Face
- (R) Forearm
- (H) Head-skull
- (U) Injured, unknown region
- (K) Knee
- (L) Leg (lower)
- (Y) Lower limb(s) (whole or unknown part)
- (N) Neck-cervical spine
- (P) Pelvic-hip
- (S) Shoulder
- (T) Thigh
- (X) Upper limb(s) (whole or unknown part)
- (O) Whole body

(W) Wrist-hand**Aspect of Injury**

- (A) Anterior-front
- (B) Bilateral (rib fracture only)
- (C) Central
- (I) Inferior-lower
- (U) Injured, unknown aspect
- (L) Left
- (P) Posterior-back
- (R) Right
- (S) Superior-upper
- (W) Whole region

Lesion

- (A) Abrasion
- (M) Amputation
- (V) Avulsion
- (B) Burn
- (K) Concussion
- (C) Contusion
- (N) Crush

- (G) Detachment, separation
- (D) Dislocation
- (F) Fracture
- (Z) Fracture and dislocation
- (U) Injured, unknown lesion
- (L) Laceration
- (O) Other
- (P) Perforation, puncture
- (R) Rupture
- (S) Sprain
- (T) Strain
- (E) Total severance, transection

System/Organ

- (W) All systems in region
- (A) Arteries-veins
- (B) Brain
- (D) Digestive
- (E) Ears
- (O) Eye
- (H) Heart
- (U) Injured, unknown system

- (I) Integumentary
- (J) Joints
- (K) Kidneys
- (L) Liver
- (M) Muscles
- (N) Nervous system
- (P) Pulmonary-lungs
- (R) Respiratory
- (S) Skeletal
- (C) Spinal cord
- (Q) Spleen
- (T) Thyroid, other endocrine gland
- (G) Urogenital
- (V) Vertebrae

Abbreviated Injury Scale

- (1) Minor injury
- (2) Moderate injury
- (3) Serious injury
- (4) Severe injury
- (5) Critical injury
- (6) Maximum (untreatable)
- (7) Injured, unknown severity



U.S. Department of Transportation
National Highway Traffic Safety
Administration

GENERAL VEHICLE FORM

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

1. Primary Sampling Unit Number

NCST

2. Case Number—Stratum

90-02

3. Vehicle Number

02

VEHICLE IDENTIFICATION

4. Vehicle Model Year

79

Code the last two digits of the model year
(99) Unknown

5. Vehicle Make (specify):

22PONTIAC

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

6. Vehicle Model (specify):

010GRAND PRIX

Applicable codes are found in your
NASS CDS Data Collection, Coding, and
Editing Manual.
(99) Unknown

7. Body Type

02

Note: Applicable codes are found on
the back of this page.

8. Vehicle Identification Number

2J37Y9P

Left justify; Slash zeros and letter Z (0 and Z)
No VIN—Code all zeros
Unknown—Code all nine's

OFFICIAL RECORDS

9. Police Reported Vehicle Disposition

0

- (0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

10. Police Reported Travel Speed

99

Code to the nearest mph (NOTE: 00 means
less than 0.5 mph)
(97) 96.5 mph and above
(99) Unknown

11. Police Reported Alcohol or Drug Presence

0

- (0) Neither alcohol nor drugs present
(1) Yes (alcohol present)
(2) Yes (drugs present)
(3) Yes (alcohol and drugs present)
(4) Yes (alcohol or drugs present—specifics
unknown)
(7) Not reported
(8) No driver present
(9) Unknown

12. Alcohol Test Result for Driver

96

- Code actual value (decimal implied before
first digit—0.xx)
(95) Test refused
(96) None given
(97) AC test performed, results unknown
(98) No driver present
(99) Unknown

Source

ACCIDENT RELATED

13. Speed Limit

30

- (00) No statutory limit
Code posted or statutory speed limit
(99) Unknown

14. Attempted Avoidance Maneuver

01

- (00) No impact
(01) No avoidance actions
(02) Braking (no lockup)
(03) Braking (lockup)
(04) Braking (lockup unknown)
(05) Releasing brakes
(06) Steering left
(07) Steering right
(08) Braking and steering left
(09) Braking and steering right
(10) Accelerating
(11) Accelerating and steering left
(12) Accelerating and steering right
(97) No driver present
(98) Other action (specify):

(99) Unknown

15. Accident Type

89

Applicable codes may be found on the back
of page two of this field form
(00) No impact
Code the number of the diagram that
best describes the accident circumstance
(98) Other accident type (specify):

(99) Unknown

**** STOP HERE IF GV07 DOES NOT EQUAL 01-49 ****

- (0) Driver not present
(1) Driver present
(9) Unknown

17. Number of Occupants This Vehicle
(00-96) Code actual number of occupants
for this vehicle
(97) 97 or more
(99) Unknown

- ### 18. Number of Occupant Forms Submitted

VEHICLE WEIGHT ITEMS

19. Vehicle Curb Weight
3247 Code weight to nearest
100 pounds.

- (010) Less than 1050 pounds
(135) 13,500 lbs or more
(999) Unknown

Source:

20. Vehicle Cargo Weight
0 Code weight to nearest
100 pounds.

- (00) Less than 50 pounds
(97) 9,650 lbs or more
(99) Unknown

RECONSTRUCTION DATA

21. Towed Trailing Unit
(0) No towed unit
(1) Yes—towed trailing unit
(9) Unknown

22. Documentation of Trajectory Data
for This Vehicle
(0) No
(1) Yes

23. Post Collision Condition of Tree or Pole
(for Highest Delta V)
- (0) Not collision (for highest delta V) with
tree or pole
- (1) Not damaged
- (2) Cracked/sheared
- (3) Tilted <45 degrees
- (4) Tilted ≥ 45 degrees
- (5) Uprooted tree
- (6) Separated pole from base
- (7) Pole replaced
- (8) Other (specify):

- (9) Unknown

- (0) No rollover (no overturning)

Rollover (primarily about the longitudinal axis)

- (1) Rollover, 1 quarter turn only
- (2) Rollover, 2 quarter turns
- (3) Rollover, 3 quarter turns
- (4) Rollover, 4 or more quarter turns (specify):

- (5) Rollover—end-over-end (i.e., primarily about the lateral axis)
- (9) Rollover (overturn), details unknown

OVERRIDE/UNDERRIDE (THIS VEHICLE)

25. Front Override/Underride (this vehicle)

26. Rear Override/Underride (this vehicle)

- (0) No override/underride, or not an end-to-end impact

Override (see specific CDC)

- (1) 1st CDC
(2) 2nd CDC
(3) Other not automated CDC (specify):

Underride (see specific CDC)

- (4) 1st CDC
(5) 2nd CDC
(6) Other not automated CDC (specify):

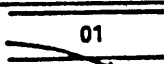
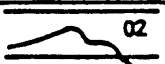
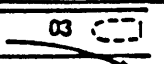
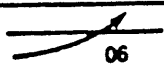

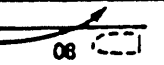
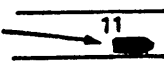


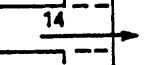
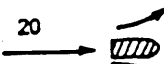
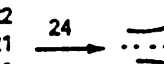
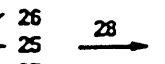
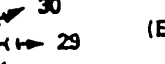
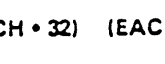
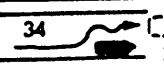
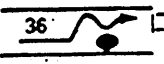

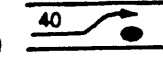
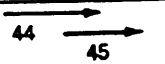
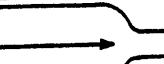
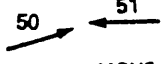



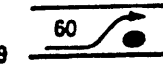




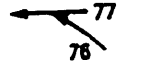

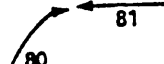

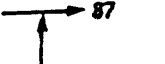
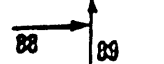
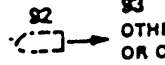
- (7) Medium/heavy truck override
(9) Unknown

HEADING ANGLE AT IMPACT FOR HIGHEST DELTA V

Values: (000)-(359) Code actual value
(997) Noncollision
(998) Impact with object
(999) Unknown

- ### 27. Heading Angle for This Vehicle

- ### 28. Heading Angle for Other Vehicle

| Category | Configuration | ACCIDENT TYPES (Includes Intent) | | | | |
|--|-----------------------------|---|---|---|--|---|
| I Single Driver | A. Right Roadside Departure |  01 DRIVE OFF ROAD |  02 CONTROL/ TRACTION LOSS |  03 AVOID COLLISION WITH VEH., PED., ANIM. | 04 SPECIFICS OTHER | 05 SPECIFICS UNKNOWN |
| | B. Left Roadside Departure |  06 DRIVE OFF ROAD |  07 CONTROL/ TRACTION LOSS |  08 AVOID COLLISION WITH VEH., PED., ANIM. | 09 SPECIFICS OTHER | 10 SPECIFICS UNKNOWN |
| | C. Forward Impact |  11 PARKED VEH. |  12 STA. OBJECT |  13 PEDESTRIAN/ ANIMAL |  14 END DEPARTURE | 15 SPECIFICS OTHER 16 SPECIFICS UNKNOWN |
| II Same Trafficway Same Direction | D. Rear-End |  20 STOPPED 21, 22, 23 |  22 SLOWER 24, 25, 26, 27 |  26 DECEL. 28, 29, 30, 31 |  30 SPECIFICS OTHER |  31 SPECIFICS UNKNOWN |
| | E. Forward Impact |  34 CONTROL/ TRACTION LOSS |  36 CONTROL/ TRACTION LOSS |  38 AVOID COLLISION WITH VEH. |  40 AVOID COLLISION WITH OBJECT | (EACH • 32) (EACH • 33) SPECIFICS OTHER SPECIFICS UNKNOWN |
| | F. Sideswipe Angle |  44 45 |  46 45 47 | (EACH • 48) SPECIFICS OTHER | (EACH • 49) SPECIFICS UNKNOWN | |
| III Same Trafficway Opposite Direction | G. Head-On |  50 LATERAL MOVE | (EACH • 52) SPECIFICS OTHER | (EACH • 53) SPECIFICS UNKNOWN | | |
| | H. Forward Impact |  54 CONTROL/ TRACTION LOSS |  56 CONTROL/ TRACTION LOSS |  58 AVOID COLLISION WITH VEH. |  60 AVOID COLLISION WITH OBJECT | (EACH • 62) (EACH • 63) SPECIFICS OTHER SPECIFICS UNKNOWN |
| | I. Sideswipe Angle |  64 LATERAL MOVE | (EACH • 66) SPECIFICS OTHER | (EACH • 67) SPECIFICS UNKNOWN | | |
| IV. Change Trafficway Vehicle Turning | J. Turn Across Path |  68 INITIAL OPPOSITE DIRECTIONS |  70 INITIAL SAME DIRECTIONS |  72 73 | (EACH • 74) (EACH • 75) SPECIFICS OTHER SPECIFICS UNKNOWN | |
| | K. Turn Into Path |  77 78 |  79 78 |  81 80 |  83 82 | (EACH • 84) (EACH • 85) SPECIFICS OTHER SPECIFICS UNKNOWN |
| V. Intersecting Paths (Vehicle Damage) | L. Straight Paths |  87 86 |  89 88 | (EACH • 90) SPECIFICS OTHER | (EACH • 91) SPECIFICS UNKNOWN | |
| VI. Miscellaneous | M. Backing Etc. |  92 BACKING VEH. | 93 OTHER VEH. OR OBJECT | 98 Other Accident Type 99 Unknown Accident Type 00 No Impact | | |

National Accident Sampling System - Crashworthiness Data System: General Vehicle Form

Page 3

29. Basis for Total Delta V (Highest)

1

Delta V Calculated

- (1) CRASH program - damage only routine
- (2) CRASH program - damage and trajectory routine
- (3) Missing vehicle algorithm

Delta V Not Calculated

- (4) At least one vehicle (which may be this vehicle) is beyond the scope of an acceptable reconstruction program, regardless of collision conditions.
- (5) All vehicles within scope (CDC applicable) of CRASH program but one of the collision conditions is beyond the scope of the CRASH program or other acceptable reconstruction techniques, regardless of adequacy of damage data.
- (6) All vehicles and collision conditions are within scope of one of the acceptable reconstruction programs, but there is insufficient data available.

COMPUTER GENERATED DELTA V

Secondary Highest

30. Total Delta V

109.5 Nearest mph

(NOTE: 00 means less than 0.5 mph)
 (97) 96.5 mph and above
 (99) Unknown

31. Longitudinal Component of Delta V

+08-8.2 Nearest mph

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (± 97) ± 96.5 mph and above
 (— 99) Unknown

Secondary Highest

32. Lateral Component of Delta V

+054.8 Nearest mph

(NOTE: 00 means greater than -0.5 and less than +0.5 mph)
 (± 97) ± 96.5 mph and above
 (— 99) Unknown

33. Energy Absorption

019,00019023.0 Nearest 100 foot-lbs

(NOTE: 0000 means less than 50 Foot-Lbs)
 (9997) 999,650 foot-lbs or more
 (9999) Unknown

34. Confidence in Reconstruction Program Results (for Highest Delta V)

1

- (0) No reconstruction
- (1) Collision fits model - results appear reasonable
- (2) Collision fits model - results appear high
- (3) Collision fits model - results appear low
- (4) Borderline reconstruction - results appear reasonable

35. Type of Vehicle Inspection

1

- (0) No inspection
- (1) Complete inspection
- (2) Partial inspection (specify):

36. Is this an AOPS Vehicle?

0

- (0) No
- (1) Yes

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT INSPECTED (I.E., GV35 = 0), ***
 DO NOT COMPLETE THE EXTERIOR AND INTERIOR VEHICLE FORMS.

NATIONAL ACCIDENT SAMPLING SYSTEM
CRASHWORTHINESS DATA SYSTEM

| | |
|---|-----------------------------|
| Administration | |
| 1. Primary Sampling Unit Number <u>NCSE</u> | 3. Vehicle Number <u>02</u> |
| 2. Case Number—Stratum <u>90-02</u> | |

VIN 2J37Y9P _____ Model Year 79
Vehicle Make (specify): PONTIAC Vehicle Model (specify): GRAND PRIX

| Specific Impact No. | Location of Direct Damage | Location of Field L | Location of Maximum Crush |
|---------------------|---------------------------|---------------------|---------------------------|
| 1 | LEFT SIDE | | |
| | | | |
| | | | |

NOTES: Identify the plane at which the C-measurements are taken (e.g., at bumper, above bumper, at sill, above sill, etc.) and label adjustments (e.g., free space).

Measure C1 to C6 from driver to passenger side in front or rear impacts and rear to front in side impacts.

Free space value is defined as the distance between the baseline and the original body contour taken at the individual C locations. This may include the following: bumper lead, bumper taper, side protrusion, side taper, etc. Record the value for each C-measurement and maximum crush.

Use as many lines/columns as necessary to describe each damage profile.

[illegible]

National Accident Sampling System—Crashworthiness Data System: Exterior Vehicle Form

2

VEHICLE DAMAGE SKETCH

TIRE—WHEEL DAMAGE
a. Rotation physically restricted b. Tire deflated

RF 2RF 2LF 2LF 2RR 2RR 2LR 1LR 1

(1) Yes (2) No (8) NA (9) Unk.

TYPE OF TRANSMISSION

☐ Manual ☒ Automatic

ORIGINAL SPECIFICATIONS

Wheelbase 108.1Overall Length 201.4Maximum Width 72.7Curb Weight 3246Average Track 61.2Front Overhang 43.3Rear Overhang 50.4

Engine Size: cyl./ displ. _____

Undeformed End Width _____

WHEEL STEER ANGLES
(For locked front wheels or displaced rear axles only)

RF ± _____°

LF ± _____°

RR ± N/A°

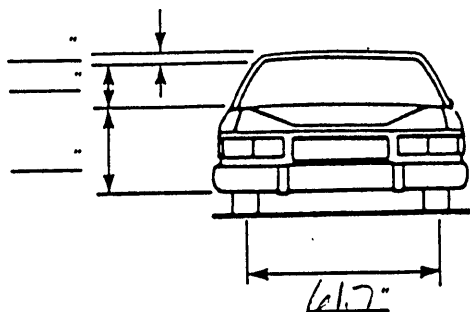
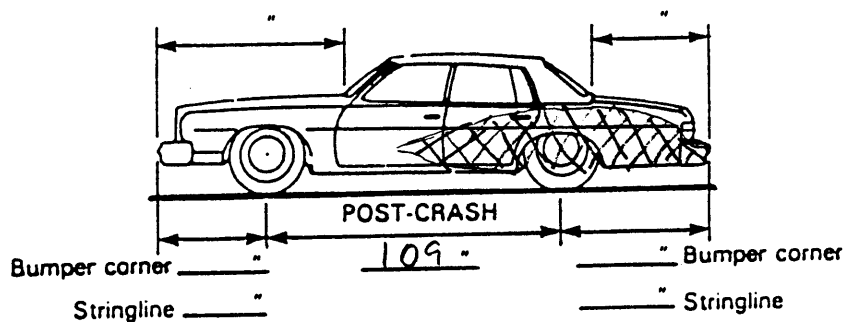
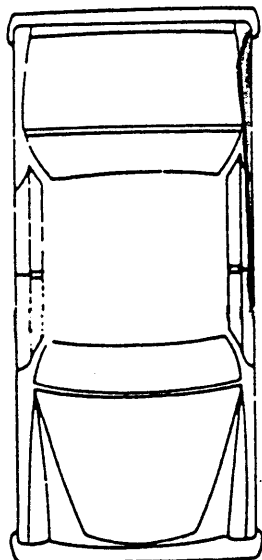
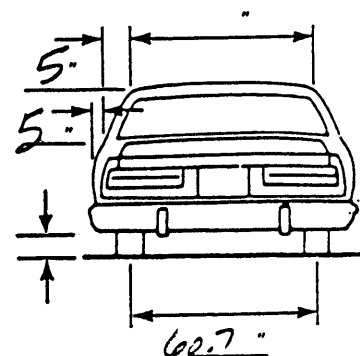
LR ± _____°

Within ±5 degrees

DRIVE WHEELS

☐ FWD ☒ RWD ☐ 4WD

Approximate

Cargo Weight 0Original
Bumper height

Bumper corner _____

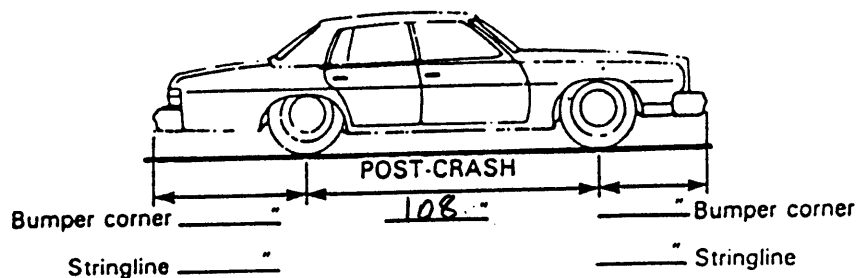
Stringline _____

POST-CRASH

109

Bumper corner _____

Stringline _____



Bumper corner _____

Stringline _____

POST-CRASH

108

Bumper corner _____

Stringline _____

NOTES: Sketch new perimeter and cross hatch direct damage and single hatch induced damage on all views. Annotate observations which might be useful in reconstructing the accident (e.g., grass in tire bead, direction of striations, scuff on sidewall, etc.). If pulling trailer, sketch type of trailer and damage received on the back of this page.

Annotate any damage caused by extrication such as component removal by torching, prying, or hydraulic shears.

CODES FOR OBJECT CONTACTED

(99) Unknown event or object

BEST AVAILABLE COPY

National Accident Sampling System – Crashworthiness Data System: Exterior Vehicle Form

Page

COLLISION DEFORMATION CLASSIFICATION

HIGHEST DELTA "V"

| Accident Event Sequence Number | Object Contacted | (1) (2) Direction of Force | (3) Deformation Location | (4) Specific Longitudinal or Lateral Location | (5) Specific Vertical or Lateral Location | (6) Type of Damage Distribution | (7) Deformation Extent |
|---|---------------------|----------------------------------|--------------------------------|---|---|--|------------------------------|
| 4. <u>01</u> | 5. <u>01</u> | 6. <u>11</u> | 7. <u>L</u> | 8. <u>Z</u> | 9. <u>E</u> | 10. <u>W</u> | 11. <u>02</u> |

Second Highest Delta "V"

| | | | | | | | |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|
| 12. <u> </u> | 13. <u> </u> | 14. <u> </u> | 15. <u> </u> | 16. <u> </u> | 17. <u> </u> | 18. <u> </u> | 19. <u> </u> |
|----------------|----------------|----------------|----------------|----------------|----------------|----------------|----------------|

CRUSH PROFILE

(The crush profile for the damage described in the CDC(s) above should be documented in the appropriate space below. ALL MEASUREMENTS ARE IN INCHES.)

HIGHEST DELTA "V"

| 20. <u> </u> | 21. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 22. <u> </u> |
|-------------------|-------------------|------------|------------|------------|------------|------------|----------------|
| <u>L</u> | <u>C1</u> | <u>C2</u> | <u>C3</u> | <u>C4</u> | <u>C5</u> | <u>C6</u> | <u>- D</u> |
| <u>115</u> | <u>00</u> | <u>01</u> | <u>02</u> | <u>06</u> | <u>01</u> | <u>00</u> | <u>0012</u> |

Second Highest Delta "V"

| 23. <u> </u> | 24. <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | 25. <u> </u> |
|-------------------|-------------------|------------|------------|------------|------------|------------|----------------|
| <u>L</u> | <u>C1</u> | <u>C2</u> | <u>C3</u> | <u>C4</u> | <u>C5</u> | <u>C6</u> | <u>- D</u> |
| <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> | <u> </u> |

26. Are CDCs Documented but Not Coded on The Automated File
(0) No
(1) Yes

0

27. Researcher's Assessment of Vehicle Disposition
(0) Not towed due to vehicle damage
(1) Towed due to vehicle damage
(9) Unknown

0

28. Original Wheelbase
106 Code to the nearest tenth of an inch
(9999) Unknown

108.1

*** STOP: IF THE CDS APPLICABLE VEHICLE WAS NOT TOWED ***
(I.E., GV09 = 0 OR 9), DO NOT COMPLETE THE INTERIOR VEHICLE FORM.

Appendix C
Airbag Supplement

ACCIDENT SUMMARY

ACCIDENT DATE 1/90

POLICE INVESTIGATED (1,2,9)*

P.D.

City _ _ _ _ County _ _ _

GENERAL LOCALITY

- (1) Freeway, Limited Access
(2) Urban (City)
(3) Urban-Rural (mixed)
(4) Rural, Fields

CONFIGURATION (First Harm)

- (0) Struck Object or Pedestrian
(1) Rear-End
(2) Head-On
(3) Rear-to-Rear
(4) Angle
(5) Sideswipe-Same Direction
(6) Sideswipe-Opposite Direct.
(7) NonColl:eg Fell from Veh
(8) NonImpact Deployment
(9) Unknown

FIRE INVOLVED (0) None

- (1) AirBag Vehicle
(2) Other Vehicle
(3) Both Vehicles
(9) Unknown

NUMBER: VEHICLES INVOLVED

(8)=8 or more
PERSONS INVOLVED

INJURED PERSONS

MAXIMUM AIS IN ACCIDENT

OTHER VEHICLE: MAXIMUM AIS

PRIME/DEPLOY IMPACT w AB VEH:
EVENT NUMBERCDC 1 1 - 1 2 E W - 2

TOTAL DELTA-V

Model Year, Make, Model, Body Type:

1999 PONTIAC GRAND PRIX 2-Door

AIRBAG VEHICLE INSPECTION

DATE VEH. INSPECTED 1/90

REASON VEHICLE NOT INSPECTED

- (0) Not Required
(1) Inspection Completed
(2) Cannot be Located**
(3) Repaired or Destroyed**
(5) Refual or Impounded**
(7) Other*
**Specify: _____

IMPACT DATA OBTAINED

- (0) No Data Obtained
(1) CDC Only
(2) Crush Profile Only
(3) Trajectory Data Only
(4) CDC and Crush Profile
(5) CDC and Trajectory
(6) Crush and Trajectory
(7) CDC, Crush & Trajectory

BASIS OF DELTA-V

- (0) Not Computed (Unknown Why)
(1) CRASH - Damage Only
(2) CRASH - Damage+Trajectory
(3) Missing Vehicle Algorithm
(4) Yielding Object Algorithm
(5) Unknown Basis
(6) One Vehicle Beyond Scope
(7) Collision Beyond Scope
(8) Insufficient Data

VEHICLE HISTORY

HAS AIRBAG VEHICLE BEEN IN
ANY PRIOR IMPACTS (1,2,9)*HAS ANY PRIOR MAINTENANCE/SERVICE
BEEN PERFORMED ON SYSTEM(1,2,9)*

*Describe: _____

AIRBAG VEHICLE: FLEET RENT-A-CARVIN 1MILEAGE 2277

SYSTEM READINESS LAMP
(In Instrument Cluster)

PRE-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

DRIVER'S REPORT OF
PRE-IMPACT FLASHING

- (00) No Flashing Reported
- (01) Continuous Flashing
- (02) --- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not App (system removed)
- (99) Unknown

PERIOD OF PRE-IMPACT FLASHING

- (0) No Flashing
- (1) Same Day as Impact
- (2) Prior Day
- (3) Prior Two Days
- (4) Prior Week
- (5) Prior Month
- (6) Over One Month
- (9) Unknown

POST-IMPACT LAMP CONDITION

- (1) Functioning/ProvedOut
- (2) Inoperative
- (9) Unknown

POST-IMPACT FLASHING

- (00) No Flashing
- (01) Continuous Flashing
- (02) -- >Number of Flashes
- (11)
- (12) Constant Light
- (19) Flashing, Unkn Number
- (88) Not Appl (removed)
- (99) Unknown

AIRBAG VEHICLE
FIRST HARMFUL EVENT

13

- (01) Fire or explosion
- (02) Immersion
- (03) Gas Inhalation
- (04) Fell from vehicle
- (05) Injured in vehicle
- (06) Other noncollision (specify):
- (07) Overturn
- (08) Jackknife with intraunit damage
- Collision With:
- (09) Pedestrian
- (10) Pedalcyclist
- (11) Railway train
- (12) Animal
- (13) Motor vehicle in transport (same roadway)
- (14) Motor vehicle in transport (other roadway)
- (15) Parked motor vehicle
- (16) Other type nonmotorist (specify):
- (17) Thrown or falling object
- (18) Boulder
- Collision with Fixed Object:
- (20) Building
- (21) Impact attenuator/Crash Cushion
- (22) Bridge pier or abutment
- (23) Bridge parapet end
- (24) Bridge rail
- (25) Guardrail
- (26) Concrete traffic barrier
- (27) Median barrier
- (28) Other longitudinal barrier (specify):
- (29) Highway/Traffic sign post
- (30) Overhead sign support
- (31) Luminaire/Light support
- (32) Utility pole
- (33) Other post. pole, or support (specify):
- (34) Culvert
- (35) Curb
- (36) Ditch
- (37) Embankment-earth
- (38) Embankment-rock, stone or concrete
- (39) Fence (wooden, wire, chain link, etc.)
- (40) Wall (stone, rock, metal, etc.)
- (41) Fire hydrant
- (42) Shrubbery
- (43) Tree
- (44) Other fixed object (specify):
- (45) Pavement surface irregularity (pothole, grooved, grates)
- (99) Unknown

AIRBAG VEHICLE IMPACT SUMMARY

VEHICLE ROLE

- (0) Non-collision
 (1) Striking Unit
 (2) Struck Unit
 (3) Both Striking and Struck
 (9) Unknown

MANNER OF LEAVING SCENE

- (1) Driven
 (2) Towed-due to damage
 (3) Towed - not for damage
 (4) Towed - details unknown
 (5) Abandoned
 (9) Unknown

NUMBER OF IMPACT EVENTS

- (8) 8 or more, (9) Unknown

- ROLLOVER (0) No Rollover
 (1) First Event
 (2) Subsequent Event
 (3) Yes, Unknown Event
 (9) Unknown

OVERRIDE/UNDERRIDE

- (1) No over/underride
 (1) Override - 1st CDC
 (3) - Other CDC
 (4) Underride - 1st CDC
 (6) - Other CDC
 (9) Unknown

AIRBAG VEHICLE DAMAGE

- CODES: (1) Yes, DAMAGED
 (2) No Damage
 (9) Unknown

LEFT FRONT FENDER DAMAGE

RIGHT FRONT FENDER DAMAGE

CENTER TOP OF GRILLE DAMAGE

FRONT BUMPER E.A. STATUS: Left

Right

- (1) Normal
 (2) Extended
 (3) Partial Compression
 (4) Complete Compression
 (5) Not Applicable
 (9) Unknown

FIRST AIRBAG VEHICLE IMPACT:

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision: Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC _____

OBJECT CONTACTED: _____

PRIMARY/DEPLOYMENT IMPACT:

EVENT NUMBER

TOTAL DELTA-V

LONGITUDINAL DELTA-V

CONFIGURATION

- (0) Struck Object or Pedestrian
 (1) Rear-End
 (2) Head-On
 (3) Rear-to-Rear
 (4) Angle
 (5) Sideswipe - Same Direction
 (6) Sideswipe-Opposite Direct.
 (7) NonCollision: Fell from Veh
 (8) NonImpact Deployment
 (9) Unknown

CDC 02 - E D E W - 1OBJECT CONTACTED: 79 GRAND PRIX

NOTES:

AIRBAG SYSTEM DAMAGE

CODES: (1) Yes, Damaged*
 (2) No, Intact
 (8) Not App. (Removed)
 (9) Unknown

AIRBAG MODULE

SENSORS: Left Front

Center Front

Right Front

Rear, Cowl

DIAGNOSTIC MODULE

WIRING

KNEE DIVERter

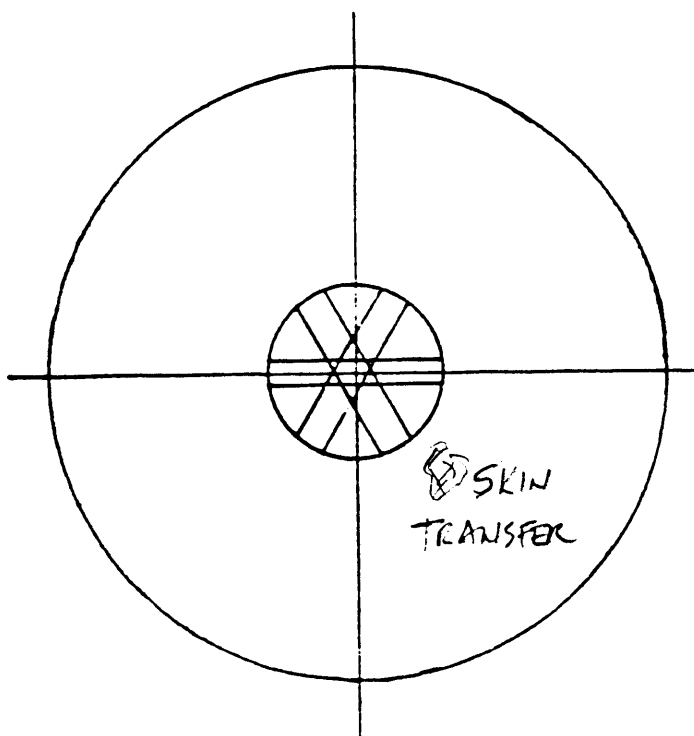
INDICATION OF DISCONNECTED
 OR LOOSE ELECTRICAL
 CONNECTORS

CONDITION OF DEPLOYED BAG

(1) Bag Intact
 (2) Split or Torn*
 (3) Cut by Object in Impact*
 (4) Cut after Accident*
 (5) Other (e.g., burned)*
 (8) N/A (not deployed)
 (9) Unknown

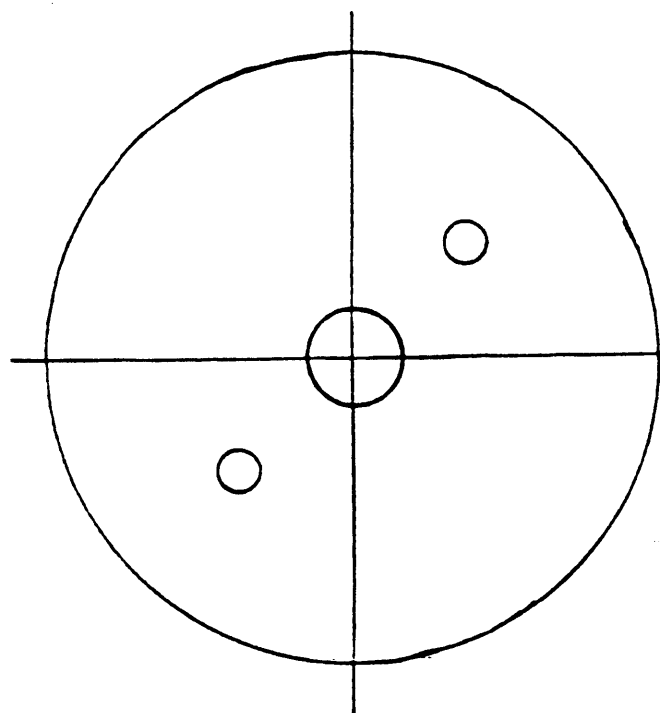
*DESCRIBE System and Bag Damage:

NOTE DAMAGE AND CONTACT MARKS ON AIRBAG DIAGRAMS BELOW:



FRONT

TOP



BOTTOM

BACK

| | | | |
|---|----------|-----------|-----------|
| OCCUPANTS of AIRBAG CAR | | NOTES: | |
| NUMBER OF OCCUPANTS IN VEHICLE (8) 8 or more | <u>1</u> | | |
| NUMBER OF INJURED PERSONS | <u>1</u> | | |
| MAXIMUM AIS IN AIRBAG VEHICLE (0) No Injury (1-6) AIS Severity (7) Injured, Unknown Severity (9) Unknown | <u>1</u> | | |
| DRIVER AGE <u>19</u> SEX <u>F</u> | | | |
| NUMBER OF DRIVER INJURIES | <u>1</u> | | |
| SOURCE OF BEST INJURY DATA | <u>7</u> | | |
| (0) Not Injured (1) Autopsy w/wo med. records (2) Hospital Medical Records (3) Emergency Room only (4) Private physician, Clinic (5) Lay Coroner Report (6) EMS Personnel (7) Interviewee (8) Police (9) Unknown | | | |
| ----- | | | |
| MAXIMUM AIS BY BODY REGION | | | |
| REGION | MAX AIS | | CONTACT |
| Head/Neck/Face | <u>1</u> | | <u>45</u> |
| Chest | <u>0</u> | | — — |
| Abdomen | <u>0</u> | | — — |
| Leg/Hips | <u>0</u> | — — | |
| Other (Arms) | <u>0</u> | — — | |
| DRIVER MAXIMUM | <u>1</u> | <u>45</u> | |
| ----- | | | |
| EJECTION: Extent <u>N/A</u> | | | |
| Portal _____ | | | |

DRIVER BELT USAGE: (1) Used (2) Not Used (9) Unknown 2

Evidence: _____

DRIVER POSTURE: Any Comments Recorded (1) Yes, (2) No 2

Describe driver's posture and position on seat including specific comments on head, torso, buttocks, legs and feet. Also note hand and arm position. Did driver brace before crash? Describe:

DRIVER FOREIGN OBJECTS: Comments Recorded (1) Yes, (2) No 2

Was driver wearing contact lenses or eyeglasses? Or holding any foreign object at the time of the impact (packages on lap, pipe, food, bottle, cigarette, etc.)? Did any lenses, objects, or jewelry play any role?:

DRIVER COMMENTS: Comments Recorded (1) Yes, (2) No 2

Was the driver aware that the vehicle was equipped with a supplemental restraint system? Did driver offer any comments on smoke, noise, etc.? Did the driver comment on the airbag as a restraint system? Describe:

PASSENGER-AIRBAG CONTACT (1) Yes, (2) No, (9) Unknown 2

Describe: _____

Appendix D

EDCRASH Printout

ENGINEERING DYNAMICS CORPORATION
NCSI 90-02

Date [REDACTED] Time [REDACTED]

WARNING MESSAGES: NO MESSAGES

VEHICLE # 1

| IMPACT SPEED MPH | | SPEED CHANGE MPH | | | BASIS OF RESULTS |
|------------------------|-----|---------------------|-------|---------|--|
| FWD | LAT | TOTAL | LONG. | LATERAL | |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | SPINOUT TRAJECTORIES AND DAMAGE |
| | | 11.1 | -5.5 | -9.6 | DAMAGE DATA ONLY |

VEHICLE # 2

| IMPACT SPEED MPH | | SPEED CHANGE MPH | | | BASIS OF RESULTS |
|------------------------|-----|---------------------|-------|---------|--|
| FWD | LAT | TOTAL | LONG. | LATERAL | |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | SPINOUT TRAJECTORIES AND CONSERVATION OF LINEAR MOMENTUM |
| 0.0 | 0.0 | 0.0 | 0.0 | 0.0 | SPINOUT TRAJECTORIES AND DAMAGE |
| | | 9.5 | -8.2 | 4.8 | DAMAGE DATA ONLY |

SUMMARY OF DAMAGE DATA

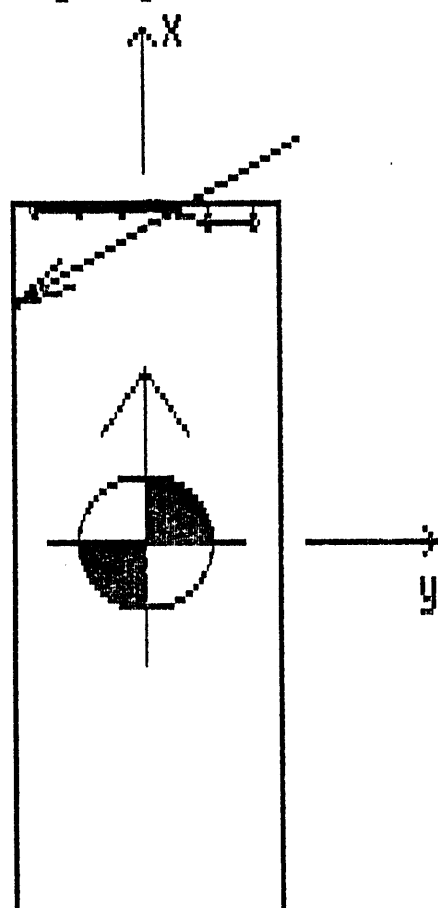
NOTE: '**' indicates default value

| | VEHICLE #1 | VEHICLE #2 |
|-------------------------------|-----------------|-----------------|
| CLASS (SIZE) CATEGORY | 2 | 3 |
| WEIGHT | 2914.0 LBS. | 3397.0 LBS. |
| DOC | 02FDEW1 | 11LZEW2 |
| DAMAGE WIDTH | 55.0 IN. | 115.0 IN. |
| CRUSH DEPTH 1 | 1.0 IN. | 0.0 IN. |
| CRUSH DEPTH 2 | 1.2 IN. | 2.0 IN. |
| CRUSH DEPTH 3 | 1.6 IN. | 4.0 IN. |
| CRUSH DEPTH 4 | 1.8 IN. | 6.0 IN. |
| CRUSH DEPTH 5 | 3.8 IN. | 0.8 IN. |
| CRUSH DEPTH 6 | 4.2 IN. | 0.0 IN. |
| DAMAGE MIDPOINT OFFSET | 0.0 IN. | -12.0 IN. |
| DAMAGE ENERGY | 25521.7 FT.-LB. | 19023.0 FT.-LB. |
| MAGNITUDE OF PRINCIPAL FORCE | 50180.3 LB. | 73327.6 LB. |
| DIRECTION OF PRINCIPAL FORCE | 60.0 DEG. ** | -30.1 DEG. ** |
| MOMENT ARM OF PRINCIPAL FORCE | -67.2 IN. | -36.5 IN. |
| DAMAGE CENTROID | 7.5 IN. | -13.4 IN. |

DIMENSIONAL, INERTIAL AND TIRE/ROAD PROPERTIES

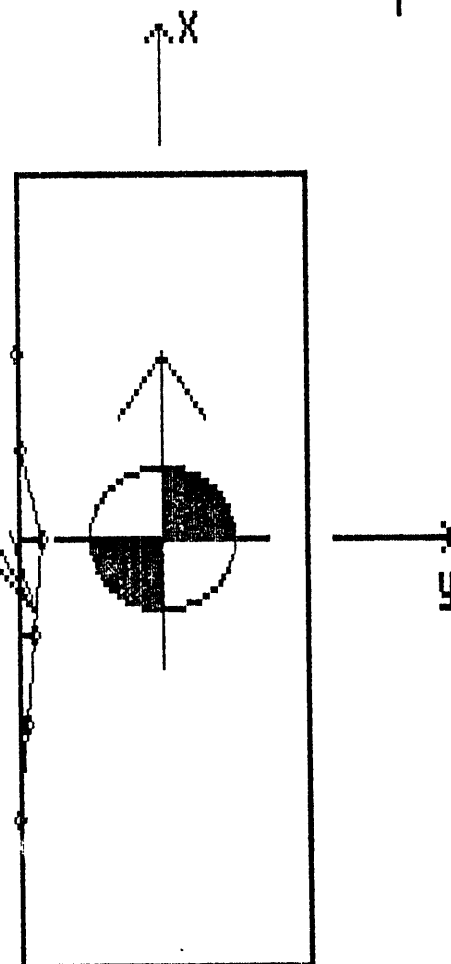
| | VEHICLE #1 | VEHICLE #2 |
|------------------------------|---------------------------------|---------------------------------|
| CG TO FRONT AXLE | 46.3 IN. | 51.3 IN. |
| CG TO REAR AXLE | 50.1 IN. | 55.5 IN. |
| TRACK WIDTH | 54.6 IN. | 58.9 IN. |
| RAW MOMENT OF INERTIA | 22254.7 LB-SEC ² -IN | 29222.6 LB-SEC ² -IN |
| MASS | 7.5 LB-SEC ² /IN | 8.8 LB-SEC ² /IN |
| BODY LENGTH FROM CG TO FRONT | 83.3 IN. | 89.8 IN. |
| BODY LENGTH FROM CG TO REAR | -91.6 IN. | -106.4 IN. |
| BODY WIDTH | 67.2 IN. | 72.6 IN. |

1990 Dodge Spirit



CDC/PDOF: 02FDEW1 60.0 deg
Max. Impact Force: 50180 lb

1979 Pontiac Grand Prix +



CDC/PDOF: 11LZEW2 -30.1 deg
Max. Impact Force: 73328 lb



EDCRASH
Damage Profiles

| | Veh #1 | Veh #2 |
|----------------|--------|--------|
| Delta-V (mph): | | |
| X | -5.5 | -8.2 |
| Y | -9.6 | 4.8 |
| Tot | 11.1 | 9.5 |

| Crush Data (in): | | |
|------------------|------|-------|
| W | 55.0 | 115.0 |
| D | 0.0 | -12.0 |
| C1 | 1.0 | 0.0 |
| C2 | 1.2 | 2.0 |
| C3 | 1.6 | 4.0 |
| C4 | 1.8 | 6.0 |
| C5 | 3.8 | 0.8 |
| C6 | 4.2 | 0.0 |